Sessional Paper No. 378/85
1 Session, 20 Legislature

Annual Report 1983/84

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Alberta
HOSPITALS AND MEDICAL CARE

Hon. Gerard J. Amerongen
Office of the Speaker
Legislative Assembly of Alberta

Sir:

I have the honour to present the sixth Annual Report of the Department of Hospitals and Medical Care, covering the fiscal year ended March 31, 1984.

Respectfully submitted,

D.J. Russell
Minister
Hospitals and Medical Care

Hon. D.J. Russell
Minister of Hospitals and Medical Care
420 Legislative Building
Edmonton, Alberta

Sir:

I have the honour to present the sixth Annual Report of the Department of Hospitals and Medical Care. This information covers the fiscal year ended March 31, 1984.

Further financial information and statistical data concerning the operations of the Health Care Insurance Division can be found in the Alberta Health Care Insurance Plan Annual Report, which is published separately.

Respectfully submitted,

L. C. Grisdale, M.D.
Deputy Minister
Hospitals and Medical Care

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HIGHLIGHTS

- During the 1983/84 fiscal year the department's total expenditure on health care and hospitals was $2.387 billion as follows:

	1983/84
Health Care Insurance	$ 637,766,531*
Financial Assistance for Active Care	1,200,546,201
Financial Assistance for Long-Term Chronic Care	150,716,094
Financial Assistance for Supervised Personal Care	95,513,217
Financial Assistance for Capital Construction	265,293,106
Departmental Support Services	37,331,981
TOTAL	$2,387,167,130

(* This figure represents the gross expenditure of the Alberta Health Care Insurance Plan, not the excess of expenditure over revenue which appears in Statement A.)

- The overall expenditure per capita for hospitals and medical care was $976.77, a 12.4 percent increase from the previous years' $869.37.
- Approved capital funding for hospitals and nursing homes (including Alberta Heritage Savings Trust Fund projects) in the planning phase or under construction totalled an estimated value in excess of $1.7 billion. Of this multi-year program commitment, $649.2 million had been advanced by March 31, 1984, representing 36.7 per cent of the total.
- Expenditure for basic health services under the Alberta Health Care Insurance Plan totalled $533.1 million, a 10.3 per cent increase from the $483.4 million in the previous year. The plan's average expenditure of fee-for-service benefits for basic health services increased 11.2 per cent to $218.14 per person.
- Expenditure totalled $24.3 million for the Extended Health Benefits Program, under which a registrant or spouse aged 65 years or older, and their dependants, and widows and widowers aged 55 and older but under age 65, and their dependants, who are eligible under the Alberta Widows Pension Program, are entitled to receive certain dental and optical benefits. This represented an increase of 10.2 per cent from $22.0 million of expenditure made under the program the previous year. The average cost per person was $110.84.
- The number of persons covered under the Alberta Health Care Insurance Plan decreased 0.8 per cent to 2,443,943 and the number of registrations decreased 1.7 per cent to 1,107,144.
- The number of registrations under Alberta Blue Cross Non-Group coverage increased 0.6 per cent to 234,853 and the number of persons covered decreased 0.4 per cent to 435,815.
- The department was responsible for the expenditure of $2,918,368 for air medical evacuation provided for patients through the Emergency Air Ambulance Service. The average cost for the 2,204 patients was $1,324.12 per trip.

LEGISLATION

Changes to the Acts

- Alberta Health Care Insurance Act

Section 25(8)(b) was amended to make the spouse, rather than the registrant, liable for payment of premiums in respect of herself and her dependants during the period of election to opt out of the Plan.

Section 13 of the Act was amended to provide the Minister with the discretion to make certain disclosures of diagnosis to the Director of Medical Services for the Workers' Compensation Board or the Director of Medical Services appointed under the Occupational Health and Safety Act. Amendments were also made to subsection (4) allowing the information disclosed under this subsection to also be available to the registrant or his dependants or to any other person with the written consent of the registrant or his dependants and to the solicitor, personal representative, guardian or to the legal representative of the registrant or his dependant or to the committee or guardian of his estate.

The Widows' Pension Act, assented to April 29, 1983 made consequential amendments to the Alberta Health Care Insurance Act, to provide extended health benefits to registrants age 55 and over, and their dependants, eligible under the Widows' Pension Act, as well as exempting them for payment of subscription for optional health services.

- Cancer Programs Act

Section 1 was amended to include a definition of "cancer".

Section 3 which allowed the Minister by Order in Council to enter into agreements for the purpose of implementing, maintaining or providing facilities or services for the diagnosis, treatment or care of cancer patients or for cancer research was repealed.

- Health Care Insurance Premiums Act.

The Widows' Pension Act, assented to April 29, 1983, made consequential amendments to the Health Care Insurance Premiums Act to exempt registrants receiving a widows' pension from payment of premiums.

- Hospitals Act

Section 2(2)(g) of the Act was amended to delete the requirement that ward representatives be ratepayers.

Section 5 was amended to clarify that the section relates to a first hospital program and repeals the requirement to include a schedule of rates likely to be charged for hospital services. A subsection was added providing that the Minister may require that a hospital program be prepared where a hospital district is established but a hospital is not erected.

Section 7 was amended providing that the Minister appoint rather than nominate members to the first district board from persons nominated by the councils of the included municipalities. Subsection (2) was amended to allow the Minister to appoint members to a first district board rather than make nominations where a council fails to nominate.

Section 8 was amended to allow members of a previous municipal or general hospital district board to be appointed to a new amalgamated district board and those members so appointed to hold office for the remainder of their periods of office.

Section 14 was amended to allow the Minister to make regulations governing the manner of appointment including nomination.

Section 40(6) was amended to allow records of diagnostic or treatment services of a patient to a local board under the Public Health Act if the board has assumed responsibility for treatment of the patient.

Section 53 was amended to change the definition of authorized charges from "those charges made directly to a patient" to those charges delineated in section 9 of the Alberta Hospitalization Benefits Regulations. A further amendment added a definition for user charges to this section.

Section 62 was amended which provides that regulations may be made to authorize hospitals to fix the maximum amount to be paid by patients as user charges and to exempt persons from user charges. The changes also provide for regulations governing appeals by patients required to pay user charges. Consequential amendments were made to section 63 dealing with group contracts to included user charges.

Part 4, dealing with the establishment and governing of hospital foundations, was added as new sections 68 to 79, inclusive. Changes were also enacted to the Provincial General Hospitals Act, the University of Alberta Hospitals Act and the University Hospital Foundation Act concerning hospital foundations.

- Nursing Profession Act

The Nursing Profession Act was proclaimed to be in force on January 1, 1984 and the Minister of Hospitals and Medical Care was charged with the administration of the Act.

- Human Tissue Gift Act

The administration of the Human Tissues Gift Act was transferred from the Minister of Social Services and Community Health to the Minister of Hospitals and Medical Care.

Changes to the Regulations

- Alberta Hospitalization Benefits Regulations

Pacemakers, steelplates, pins, joint prosthesis and valve implants were added to the list of goods and services included as in-patient services. Section 9 of the Regulations was amended to increase the admission charge from $5 to $10 for the first day of hospital care and adding those pensioners under the Widows Pension Act to those exempted from the admission charge. A further amendment to section 9 provides that if a hospital has no standard wards for semi-private room accommodation and if a patient's condition warrants that the patient be cared for in a semi-private or private room due to medical necessity, the patient shall not have to pay an additional charge for the differential amount. The differential charges for semi-private and private over and above the standard ward rate is increased to $8 per day for semi-private ward and $16 per date for private ward. Also the limit of 40 per cent of the rated bed capacity of a hospital for which an extra charge can be applied is repealed. Section 20(2) was amended to increase the rates paid for insured outpatient services outside the province from a maximum of $25 to $50.

A new section 10.1 was added which allows an approved general hospital to charge a user charge of up to $20 per patient day for each day in hospital and up to $10 for an outpatient or emergency visit. In addition to specifying a maximum charge per calendar year of $150 for a person with no dependants and $300 for a person with dependants, the section also indicates those persons and classes of persons that are exempted from the charges.

- Nursing Homes Regulations

Section 12 was amended effective April 1, 1983 to increase the rates payable to operators of contract nursing homes, by $1.75 for nursing homes of all bed sizes. In September, 1983 further increases were provided retroactive to April 1, 1983 in the rates payable to operators of contract nursing homes,

except those owned by district boards, were $1.10 for nursing homes of 50 beds or less and $1.05 for nursing homes of 51 to 100 beds and $1.00 for nursing homes of 101 beds or more.

- Alberta Health Care Insurance Regulations

The regulations were amended to reflect changes consequential to the passing of the Widows' Pension Act, and to authorize the use of the Health Care Insurance Fund for reciprocal hospital billing and sessional payments to psychiatrists at mental health facilities.

- Health Insurance Premiums Regulations

Increases in the subsidy levels and premium rates consequential to the Widows Pension Act changes were made to the applicable subsidies and premium rates.

- Claims for Benefits Regulations

Section 7 was amended to delete the minimum value of $50 for payment of physicians outside Alberta.

- Regulations under the Nursing Profession Act

The Registration Regulation, General Regulation, Certified Graduate Nurse Regulation and the Code of Ethics Regulation were approved.

PLANS ADMINISTERED BY THE DEPARTMENT

The Alberta Health Care Insurance Plan

The Alberta Health Care Insurance Plan operates under the authority of The Alberta Health Care Insurance Act and The Health Insurance Premiums Act. Residents registered under the Plan are entitled to specified benefits for basic health services at approved rates. These benefits include:

- medically required services of general practitioners and specialists;
- specified oral surgical procedures carried out by dental surgeons;
- optometric services limited to one eye examination including refraction and the writing of a prescription for the fitting of glasses in each benefit period* and limited to a maximum of $23.75 (effective January 1, 1983). Benefits for more than one eye examination may be paid in each benefit period if the optometrist of the person satisfies the Minister in writing that more than one assessment is required. The Plan does not pay for the fitting or cost of glasses;
- chiropractic services to a maximum of $11.50 for each visit with a limit during each benefit period* of $192.00 for single residents and $384.00 for those with one or more dependants. This coverage includes $19.00 for X-rays for each particular disability;
- approved podiatric services and appliances. There is a limit during each benefit period* of $192.00 for single residents and $384.00 for those with one or more dependants;
- physiotherapy services to a daily maximum of $18.70 per person, with a limit during each benefit period* of $192.00 for single residents and $384.00 for those with one or more dependants. These limits are waived for cases which are considered a continuation of inpatient hospital care under the joint referral of the attending physician and hospital physiotherapy department, and for registrants aged 65 years and older, their spouses and dependants and eligible widows and widowers age 55 to 64 and their dependants.

*A benefit period consists of 12 months beginning the first of each July and running until the end of the following June.

The Plan also provides Alberta Blue Cross Non-Group Membership at no cost to registered residents aged 65 and older, and their dependants and eligible widows and widowers age 55 to 64 and their dependants. Non-Group Membership is also available at reduced premium rates to other registered residents unable to obtain similar coverage through employment. Alberta Blue Cross, operated by the Alberta Hospital Association, is reimbursed by the Plan for the claims expenditures and for the associated administrative costs.

Monthly premiums* for Alberta Health Care Insurance were:

Regular premium rates	
Single	$14.00
Family	28.00
Registrant or spouse aged 65 and older, and eligible widows/widowers	
Single or family	nil
Reduced premium rates	
Single, taxable income more than $3,500 but not more than $4,500	7.00
Family, taxable income more than $6,000 but not more than $7,500**	14.00
Single, taxable income not more than $3,500	nil
Family, taxable income not more than $6,000**	nil

Social allowance recipients	nil
Waiver of premium (due to financial hardship)	nil

Monthly premiums* for non-group membership through Alberta Blue Cross were:

Regular premium rates	
Single	$ 6.60
Family	13.20
Registrant or spouse aged 65 and older and eligible widows/widowers	
Single or family	nil
Reduced premium rates	
Single, taxable income not more than $4,500	4.70
Family, taxable income not more than $7,500**	9.40

* Premium rates for A.H.C.I.P. became effective July 1, 1983. The premium rates for Alberta Blue Cross Non-Group Membership became effective July 1, 1983.

** For family registration, taxable incomes of husband and wife are combined.

The Extended Health Benefits Program, operated by the Plan, provides additional benefits for optical and dental goods and services to registered residents aged 65 and older, and their dependants and eligible widows and widowers age 55 to 64 and their dependants without payment of a premium.

The Alberta Health Care Insurance Plan makes payments for medical and hospital claims on behalf of the Workers' Compensation Board.

The Plan provides benefits at Alberta rates for health services received outside Alberta. Under the Emergency Financial Assistance Program, a registered resident could apply through the Plan for special consideration to help pay for health and hospital services received outside Alberta when costs exceeded the benefits payable under the Plan. This program applies where the required services are not available in Alberta and the resident is referred by an Alberta physician, or where a resident while temporarily absent from Alberta requires the services because of an emergency which could not reasonably have been foreseen or guarded against. The program applies only if the excess cost placed an undue financial burden on the resident.

The Alberta Hospitalization Benefits Plan

The Alberta hospitalization benefits plan operates under the authority of the Hospitals Act. It provides for in-patient hospitalization services at standard ward level and out-patient services in approved facilities to residents of Alberta registered under the Alberta Health Care Insurance Plan. These services are provided anywhere in Canada.

In Alberta, a $10.00 charge (September 1, 1983) was levied upon admission to a general hospital, except for those aged 65 years and older, their spouses and dependants and eligible widows and widowers age 55 to 64 and their dependants. A co-insurance charge of $8.00 a day was made when a stay in an auxiliary hospital exceeded 120 days.

Outside Canada, hospitalization benefits are provided to a maximum of $150.00 per patient day for an in-patient and up to $50.00 for an outpatient in an active treatment hospital. Under special circumstances, residents are eligible for additional assistance through the Emergency Financial Assistance Program.

The Alberta Nursing Home Plan

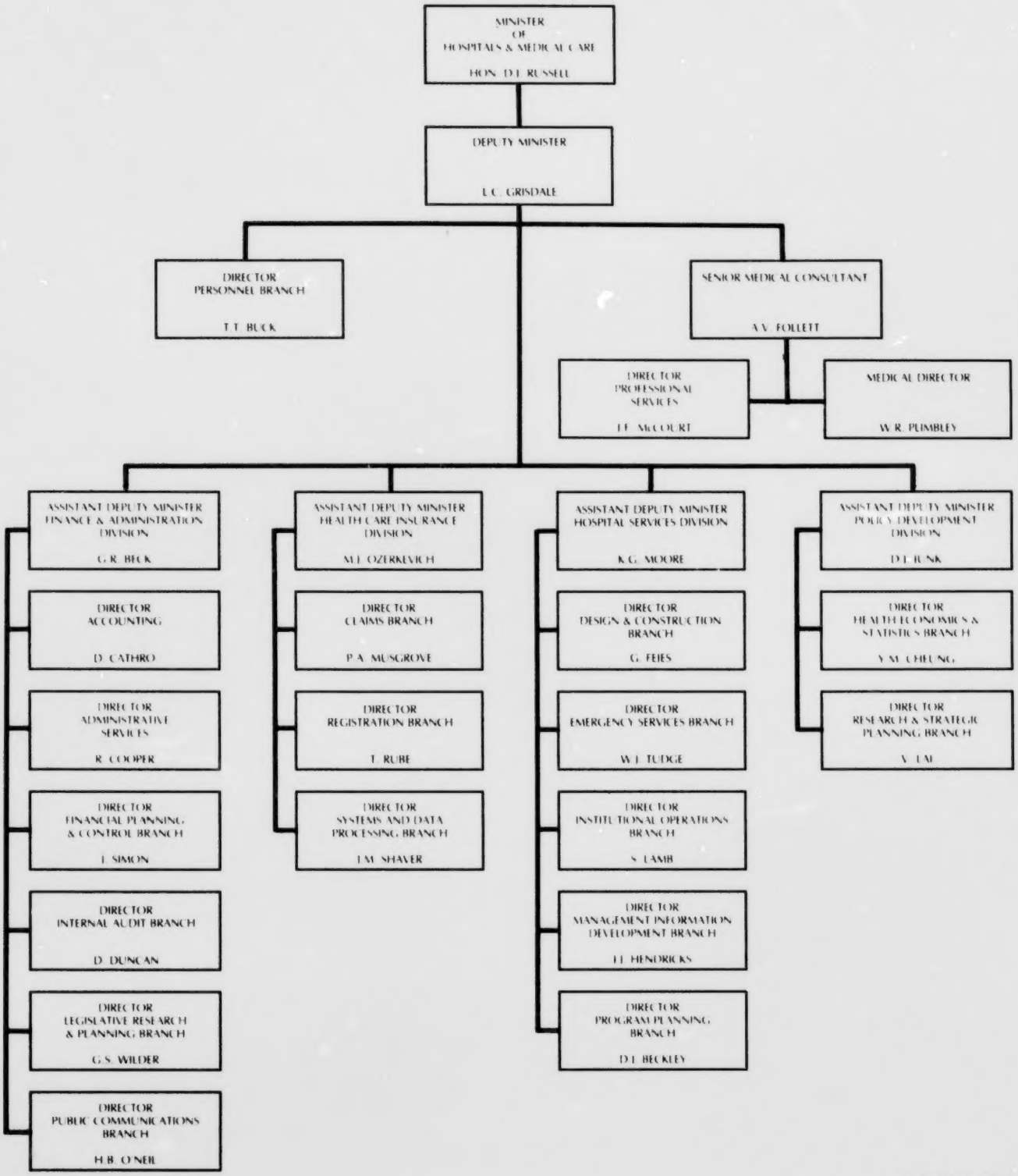
The Alberta nursing home plan operates under the authority of The Nursing Homes Act. The Act provides for the establishment and incorporation of nursing home districts and gives the Minister of Hospitals and Medical Care the authority to enter into contracts with district boards or proprietary agencies to provide nursing home care under the provisions of the Act.

The Alberta nursing home plan offers assistance to Alberta residents who are not well enough to be accommodated in private homes or facilities such as senior citizens' lodges, but not ill enough to require care in an active treatment or auxiliary hospital. Under the plan, a subsidy is provided for each eligible patient receiving care in a contract nursing home in Alberta.

Each patient is required to pay a daily rate set out in the regulations governing contract nursing homes. The daily rates that nursing home operators can charge directly to eligible patients stood at $8.00, $10.50 and $14.25 respectively for standard ward, semi-private and private accommodations.

ORGANIZATION

ORGANIZATION CHART



MARCH 31, 1984

SENIOR MEDICAL CONSULTANT

The Senior Medical Consultant provided advice for the planning, delivery and economics in all aspects of health care and reported directly to the Deputy Minister. In carrying out these duties during the 1983/84 fiscal year, the Senior Medical Consultant

- was responsible for funding of the Graduate Medical Education Program. During 1983/84 the program was reviewed in cooperation with both universities and major Alberta teaching hospitals and the payments adjusted. The number of funded positions for interns and residents was increased to 659. Under the program, geographic appointees are funded on a shared basis between the faculties of Medicine of the Universities of Calgary and Alberta and the department;
- reviewed existing contractual arrangements and developed new agreements under the sessional payments program. During the reporting year, a total amount of $2,485,178 was provided for the program through the Alberta Health Care Insurance Plan;
- liaised between the department and practitioners' professional associations;
- supervised the gathering of statistics with regard to anaesthetic and operative deaths. Reports, received from active treatment hospitals throughout the province, are forwarded to the Alberta Medical Association for review;
- served as chairman of the Emergency Financial Assistance Committee. Under this program financial assistance may be provided to Alberta residents when insured medical and hospital services are required outside the province and costs exceed benefits payable under the Alberta Health Care Insurance Plan, resulting in undue financial hardship. All requests were examined on an individual basis by the committee which considered all available information before reaching a decision. The number of applications, reviewed during the last three years, are shown in the following tables:

EMERGENCY FINANCIAL ASSISTANCE PROGRAM
Applications Reviewed
For the years ended March 31

	Applications			Approved			Refused		
	1982	1983	1984	1982	1983	1984	1982	1983	1984
Required Services Not Available In Alberta	61	63	122	49	47	102	12	16	20
Emergency Services	16	19	16	15	13	15	1	6	1
TOTAL	77	82	138	64	60	117	13	22	21

	Amount Paid					
	Medical Services			Hospital Services		
	1982	1983	1984	1982	1983	1984
Required Services Not Available In Alberta	$127,566	$131,018	$278,530	$344,088	$433,025	$ 801,680
Emergency Services	13,130	27,453	45,859	46,866	147,198	244,896
Total	$140,696	$158,471	$324,389	$390,954	$580,223	$1,046,576

In addition, the Senior Medical Consultant was responsible for the administration of the Professional Services branch.

Professional Services

Professional Services branch was administered by the Director of Professional Services with the assistance of the Medical Director. During the 1983/84 fiscal period major tasks included:

- planning and development of Professional Review;
- review of patterns of billing with regard to provincial health care practitioners;
- recommending of new items as well as appropriate amendments to various benefits schedules;
- reviewing of complex claims and providing advice regarding payments;
- maintaining liaison between the department and individual health care practitioners;
- developing and updating claims assessment policies to ensure appropriate and consistent payment of benefits;
- administering the Benefits Unit which is responsible for investigating and answering inquiries arising from the Statement of Benefits Paid which was sent to all Alberta residents during the reporting year. Statements list all Alberta Health Care Insurance Plan payments to practitioners on behalf of registrants for basic health care services;
- representing the department at meetings of various assessment advisory committees.

PERSONNEL

The Personnel branch provides the department with a variety of personnel services. In fiscal year 1983/84, the branch was actively involved in the downsizing of positions in the department.

Major functions of this branch are:

- selection and recruitment of staff for permanent, part-time and wage positions;
- establishment and classification of new positions and reclassifications of existing positions;
- administration of special placement programs such as STEP, PEP, WEP;
- administration of employee salary and benefits program;
- providing advice and interpretation in application of master and divisional contracts and personnel regulations;
- providing advice on labor relations;
- administration of a department staff development and training program;
- providing advice on management and employee performance evaluation;
- administration of the management by objectives program;
- participation in occupational health and safety programs.

FINANCE AND ADMINISTRATION DIVISION

The Finance and Administration Division is responsible for the department's financial management and administrative services. This includes overall financial planning in line with current government policies for health programs, the development of operating and capital budgets, the coordination of legislative and regulatory changes, and effectively ensuring that the department's financial commitments are accomplished in a competent and decisive manner in accordance with sound financial management and internal control. As well, this division provides supportive financial information services, administrative support and facilities management for the department, and internal and external communication services.

Effective April 1, 1983, organizational changes resulted in the Accounting and Administrative Services branch dividing into two separate branches, one handling accounting and revenue management services and the other department wide administrative services and facilities management.

Accounting

Financial control and accounting services are provided by the Accounting branch. Responsibilities of the branch include:

- processing payments to general hospitals, auxiliary hospitals and nursing homes. Payments increased from $1,534,560,032 in 1982/83 to $1,712,068,618 in 1983/84;
- processing 5,889 payments in 1983/84 with respect to departmental support services, up 8 per cent from 1982/83 levels;
- collection and refund of Health Insurance premiums;
- banking and cash management in respect of the Alberta Health Care Insurance Fund;
- planning, development, implementation and maintenance of systems and procedures to ensure that financial operations are carried out in accordance with the Financial Administration Act and related government policies and directives in an efficient and effective manner;
- provision of assistance and consultation to other branches in respect of financial and control matters;
- provision of revenue collection and accounts receivable management services to the department. During the year some 2,800 Statements of Claim were issued and $8,900,000 individual premium arrears were collected as a direct result of the branch collection effort.

Administrative Services

The Administrative Services branch began operating separately from Accounting and Administrative Services effective April 1, 1983 and is responsible for:

- facility management;
- records management;
- the departmental library;
- risk management;
- security services;
- mail distribution and processing;
- printing and photocopying services;

- inventory and acquisition control of furniture and supplies;
- word processing coordination at Hys Centre;
- liaison with Public Works, Supply and Services;
- all administrative support services within the department.

Financial Planning and Control

The major responsibilities of the branch are:

- developing and preparing the department's operating, capital and Heritage Savings Trust Fund budgets;
- exercising control over expenditures within approved levels of funding and within legislative and departmental policy constraints;
- providing monthly financial information reports to senior management;
- providing financial planning and advisory services to the department;
- providing financial analysis documentation and other supporting information related to local requisitioning, non-eligible hospital in-patient charges, equity interest payments and establishment of nursing home per diem rates.

Internal Audit

This branch is responsible for providing comprehensive audit services to the department in the areas of operational audits as well as conducting reviews of accounting systems and management control systems in order to ensure that procedures and internal controls meet the department guidelines. Special investigations were undertaken as necessary and various construction audits for hospital projects were also conducted.

Legislative Research and Planning

This branch is responsible for:

- providing legislative planning and legal services to the department;
- administering subrogation rights of the Minister with regard to the recovery of hospitalization costs in cases where a third party is responsible for the damages relating to an accident;
- liaising with hospital and institutional boards concerning organization and boundary matters.

Legal opinions and interpretations were obtained on a variety of matters under the department's responsibility. The preparation and control of agreements and contracts involving the department continued during the year.

Other activities of the branch included:

- preparing legislation, including various regulations for government consideration;
- preparing and processing Ministerial Orders to change hospital district boundaries and to establish or disestablish district boards.

Changes to hospital district organization and legal descriptions of hospital and nursing home districts in the province continued throughout the year. A uniform system of description for hospital boundaries and a proper hospital district organization was developed.

Public Communications

The reporting year was a particularly active one. Among initiatives taken by Government during the year were: introduction of discretionary hospital user charges; linkage of the payment of premiums to coverage by the Health Care Insurance Plan; increases to premiums and the income levels at which Albertans qualify for premium subsidies; and establishment of a new system of processing claims to AHCIP. All required strong communication components.

The branch's activities during 1983/84 included:

- production of hospital user charges record booklets, manuals and pamphlets. A special enquiry service was set up to handle written and oral information requests;
- responding to over 20,000 public enquiry telephone calls;
- coordinating or handling directly over 850 media contacts;
- mass mailing of Health Care in Alberta: The Facts;
- production of a practitioner handbook, newsletter, video tape and display which introduced the Optical Character Recognition (OCR) method of AHCIP Claims processing;
- assisting with establishing a system of Directives and Information Bulletins for hospitals and nursing homes;
- establishing a second branch office at the Groat Road building;
- devising and carrying out public awareness campaigns for (a) the linkage of premium payments to AHCIP coverage, (b) premium subsidies and (c) the cost of health care in Alberta.

HEALTH CARE INSURANCE DIVISION

The Health Care Insurance Division is responsible for the delivery of provincial health care insurance programs, covering the registration of residents, premium billing, administration of Non-Group Alberta Blue Cross registration, and assessment and payment of claims (which includes Workers' Compensation Board claims). The division also provides systems support to the department in the areas of computer, administrative and micrographic services.

Claims

The major functions of the Claims branch are:

- providing a system for the assessment and payment of claims;
- providing an information service to health practitioners;
- maintaining a registry of health professionals which includes general medical, specialist medical, chiropractors, dentists, optometrists, podiatrists, osteopaths, denturists, opthalmic dispensers and physiotherapists.

During 1983/84, the Claims branch processed:

- 26,454,996 services with a value of $531,306,745 submitted for basic health services;
- 530,060 services with a value of $23,692,786 submitted for dental and optical benefits under the Extended Health Benefits Program;
- 117 applications approved with a value of $1,370,965 paid under the Emergency Financial Assistance Program;
- claims with a value of $16,314,240 submitted for insured hospital services obtained outside Alberta.
- 679,197 services with a value of $9,495,470 submitted for Workers' Compensation Board claims.

Effective April 1, 1983 - March 31, 1984, 5,432 health professionals were recorded with the Alberta Health Care Insurance Plan. During the reporting year, 511 new practitioners were registered and 267 deleted from the registry.

Registration

The primary functions of this branch are to:

- ensure access to registration for basic health services to all eligible residents of Alberta in accordance with Alberta Health Care Acts and Regulations, the eligibility and portability agreement and policies of the Alberta Government;
- provide access to Alberta Blue Cross non-group membership;
- maintain and approve applications for premium assistance programs;
- provide public enquiry services.

During the fiscal year, the branch responded to the legislation linking the payment of premiums to coverage, resulting in the suspension of 113,553 registrations and the issuance of 1,014,117 health insurance cards to registrants not deemed in default of premiums as of October 1, 1983.

In line with the branch objective to increase public awareness of premium assistance programs an extensive advertising campaign was carried out. This resulted in an increase of 105 per cent in the uptake on premium subsidy, and of 1,409 per cent on waiver of premium.

Overall response to new branch programs produced a heavy flow of public enquiries. The number of phone calls answered rose by 29 per cent, and the count of correspondence and documents handled by 50 per cent.

Systems and Data Processing

This branch is responsible for systems and data processing support to meet the Health Care Insurance Plan and departmental administrative systems requirements. The major functions of the branch are:

- development, co-ordination and monitoring of departmental operational and strategic Electronic Data Processing;
- development and operation of EDP systems required to meet the operational needs of the Health Care Insurance Plan and administrative systems. The branch provides systems analysis, design, implementation and maintenance support to the various areas;
- providing data processing operations, including data conversion, data control and computer processing, and monitoring of computer processing performance;
- providing consulting services for hardware and software;
- providing liaison with the Information Services Division, Alberta Public Works, Supplies and Services, for computer services for all departmental systems;
- providing micrographic systems and services;
- operating an Information Request Centre responding to requests for health care information within the department and from other departments and outside agencies;
- development, technical support and user training of the departmental Office Automation system.

Major activities during the 1983/84 fiscal year included:

- the Optical Character Recognition (OCR) project to replace the Claims Data Entry System. This involved both hardware planning and installation, and systems changes and enhancements;
- data processing support for the Premium Linkage '83 and '84 program was provided.

HOSPITAL SERVICES DIVISION

The Hospital Services Division coordinates the funding for planning, construction and operation of all active treatment, mental health, and auxiliary hospitals. It also provides operating funds for all nursing homes in the province and for the Air Ambulance Program. The planning, building and operation of these institutions are monitored to determine compliance with legislation and to ensure the effective expenditure of funds.

Program Planning

The Program Planning branch is responsible for the review and approval of major capital projects to the end of the programming stage; coordination of the provision of special provincial programs in imaging technology, laboratory medicine, critical care, long term care, equipment planning, and operation of institutional mental health services.

There were 73 capital project requests received in 1979 and 1981 project request review cycles on which no decision has yet been made. The Project Planning section of the branch coordinated the continual analysis of these requests, in order that all information was kept current to enable decisions to be made at any time. During the fiscal year, approval was granted and programming initiated on a construction project for the Cross Cancer Institute.

Of the 100 capital construction projects approved to date, 90 have completed the programming stage to the end of this fiscal year. Capital projects for the following hospitals moved into design stage:

Glenrose Provincial General Hospital (Edmonton)
Good Samaritan Hospital (Edmonton)
Magrath Municipal Hospital
Mayerthorpe General Hospital
Valley General Hospital (Strathmore)
Stettler General Hospital
Swan Hills Hospital
Two Hills Municipal Hospital and Nursing Home

Master Development Plans for the Calgary General, Holy Cross (Calgary), Edmonton General, Misericordia (Edmonton) and Royal Alexandra (Edmonton) Hospitals were under review and consideration for approval of related capital development projects. Programming work continued on construction projects scheduled at:

Crowsnest Pass General Hospital (Blairmore)
Cross Bow Auxiliary Hospital (Calgary)
Bethany Auxiliary Hospital and Nursing Home (Camrose)
St. Mary's Hospital (Camrose)
Lloydminster Hospital
McLennan General Hospital and Nursing Home
Sturgeon General Hospital (St. Albert)
Slave Lake General Hospital
Wetaskiwin General Hospital

The major objective for 1983/84 for the Special Programs section was to establish policies for appropriate allocation of services. Policies completed during the year or in the process of being developed include:

- Regionalization of Laboratory Medicine Services;

- Proposal for the Funding of Regional Laboratory Medicine Services;
- Allocation of Open Heart and Cardiovascular Services in Alberta;
- Neonatal Bed Need Projection Model;
- Computed Tomography;
- Computed Tomography in Private Practice Facilities;
- Life Expectancy and Obsolescence of Imaging Equipment;
- Position Paper on Nuclear Magnetic Resonance;
- Medical Diagnostic Ultrasound;
- Surplus General and Medical Equipment.

Active participation continued, in conjunction with the College of Physicians and Surgeons, for the ongoing hospital laboratory accreditation program and imaging facility program. In addition, committees were established to set standards and approval processes for ultrasound and nuclear medicine programs. The Special Programs section was also involved in the Federal/Provincial Committee on Special Services in Hospitals, Alberta Perinatal Program Advisory Committee, Alberta Renal Program Advisory Committee and Alberta Hereditary Diseases Program Advisory Committee. Furthermore, staff assisted in an inter-provincial revision to the Federal Laboratory Medicine Unit Measurement System, scheduled for implementation in 1985.

In response to requests from hospitals the Special Programs section obtained approval for a total of $17 million to replace, upgrade and introduce new equipment in the "high technology services" of radiology, computed tomography, nuclear medicine, laboratory medicine, critical care, renal dialysis, oncology and perinatal care. This enabled hospitals to keep pace with technological advances and replace obsolete equipment in a timely manner.

A feasibility study on computerizing hospital equipment inventories in high technology areas was completed. Due to the magnitude of this endeavor, the Program Planning branch initiated a pilot project to test the proposed system in imaging facilities of various sizes.

The Institutional Mental Health Services section of the branch provided consulting services on various mental health programs in the two provincial mental health hospitals, active care and auxiliary hospitals and nursing homes. The major objectives established and accomplished were:

- establishing an Institutional Mental Health section in the Program Planning branch;
- reviewing and analyzing budget requirements at Alberta Hospital Edmonton and Alberta Hospital Ponoka as a result of the transfer in 1982/83 from the department of Social Services and Community Health;
- completing draft policy paper on the role of active treatment hospitals in the provision of psychiatric services;
- assisting facilities in Calgary, Edmonton, Lethbridge, St. Paul, Camrose, Red Deer, Grande Prairie and Medicine Hat to develop new and upgraded programs;
- coordinating an interdepartmental review of the Clarke Report on Psychiatric Services in Southern Alberta.

The Long Term Care Planning section of the branch provided consulting services to auxiliary hospitals and nursing homes on various program issues. Major accomplishments were:

- assisting with the interdepartmental review of the Nursing Home Review Panel Report (Hyde Report);

- participating in the Federal/Provincial sub-committee on Special Services in Hospitals regarding development of Adult Institutional Long Term Care Guidelines;
- initiating development of a policy on the mentally dysfunctioning elderly.

Design and Construction

The major functions of the branch are to:

- manage, administer and monitor all design and construction activities for capital construction projects, extra-ordinary and preventive maintenance and minor construction projects for hospitals and nursing homes in the Province of Alberta;
- effectively budget, schedule and expend funds for construction projects;
- provide reporting and liaison-advisory services to the Government, other departments, hospital boards, consultants and contractors, professional and technical organizations;
- develop, approve and distribute standards for the design and construction of hospitals and nursing homes.

Under supervision of this branch the following work was undertaken during the fiscal year 1983/84:

Projects under design:

Mineral Springs Hospital, Banff
Willow Creek-Claresholm Auxiliary, Claresholm
John Neil Hospital, Cold Lake
Glenrose Provincial General Hospital, Edmonton
Good Samaritan Auxiliary Hospital, Edmonton
Leduc General Hospital
Olds Municipal Hospital
Big Country Hospital, Oyen
Ponoka General Hospital
St. Therese General Hospital, St. Paul
Stettler General Hospital
Tofield Municipal Hospital

Projects tendered:

Barrhead Nursing Home
St. Louis Hospital, Bonnyville
Bow Island General Hospital
District No. 7, Calgary
Shepherd's Care Nursing Home, Edmonton
St. Michael's Nursing Home, Edmonton
MacLeod Municipal Hospital, Fort MacLeod
Lethbridge Municipal Hospital
Magrath Municipal Hospital
Mayerthorpe General Hospital
George McDougall Memorial Hospital, Smoky Lake
Valley General Hospital, Strathmore
Swan Hills Hospital
Taber General Hospital
St. Mary's Hospital, Trochu
Two Hills Health Care Centre

Projects tendered in previous fiscal years and currently under construction:

Oilfields General Hospital, Black Diamond
Rockyview General Hospital, Calgary
Salvation Army Grace Hospital, Calgary
Canmore Municipal Hospital
Consort Municipal Hospital
Coronation-Paintearth Nursing Home, Coronation
Devon Civic Hospital
Didsbury Municipal Hospital
Drayton Valley General Hospital
Edmonton General Hospital
Misericordia Hospital, Edmonton
Queen Elizabeth II Hospital, Grande Prairie
Grimshaw/Berwyn & District Hospital, Grimshaw
Hardisty General Hospital
Lacombe General Hospital
Medicine Hat and District (Gen. Centre)
Rimbey General Hospital
Three Hills Municipal Hospital
Vulcan General Hospital
Wainwright General Hospital
Alberta Children's Provincial General Hospital, Calgary

Projects completed:

Athabasca Municipal Hospital
District No. 7, Calgary
Calgary General Hospital, Central Laundry
Calgary General Hospital, Upgrading
Elnora General Hospital
St. Theresa General Hospital, Fort Vermilion
Hythe Municipal Hospital
Innisfail General Hospital
Lac La Biche General Hospital
Pincher Creek Health Care Centre
Raymond Municipal Hospital
Red Deer General Hospital
Thorhild-Westlock Auxiliary Hospital, Westlock

Safety upgrading programs in excess of $75,000 were carried out at:

Brooks Nursing Home
Calgary Sarcee Nursing Home
George Boyack Nursing Home (Calgary)
Grandview Nursing Home (Cardston)
Coronation-Paintearth Nursing Home (Coronation)
Mountain View Nursing Home (Didsbury)
Dr. T.R. Ross Nursing Home (Drumheller)
Dr. Angus McGugan and Dickinsfield Nursing Homes (Edmonton)
Fairview Nursing Home
Palliser Nursing Home (Hanna)
J.B. Wood Nursing Home (High Prairie)

Lamont Nursing Home
Southland Nursing Home (Lethbridge)
Dr. Cooke Nursing Home (Lloydminster)
Provost Nursing Home
Valley Park, West Park and Red Deer Nursing Homes (Red Deer)
Smoky Lake Nursing Home
St. Joseph's Nursing Home (Vegreville)
Alice Keith Nursing Home (Vermilion)

Minor construction projects in excess of $100,000 were carried out at:

Alberta Children's Provincial General Hospital (Calgary)
Calgary General Hospital
Foothills Provincial General Hospital (Calgary)
Glenmore Park Auxiliary Hospital (Calgary)
Holy Cross Hospital (Calgary)
Cardston Municipal Hospital
Alberta Hospital Edmonton
Cross Cancer Institute (Edmonton)
Royal Alexandra Hospital (Edmonton)
St. John's Hospital (Edson)
Hanna General Hospital
High Level Community Health Centre
Southland Nursing Home (Lethbridge)
Alberta Hospital Ponoka
Stony Plain Municipal Hospital
Sundre General Hospital

Extraordinary maintenance projects in excess of $100,000 were carried out at:

Boyle General Hospital
Alberta Children's Provincial General Hospital (Calgary)
Calgary General Hospital
Daysland General Hospital
Cross Cancer Institute (Edmonton)
Glenrose Provincial General Hospital (Edmonton)
Grandview Extended Care (Edmonton)
Norwood Extended Care (Edmonton)
St. Michael's General Hospital (Lethbridge)
St. Joseph's Hospital (Vegreville)
Mary Immaculate (Willingdon)

Under the supervision of the Professional Services Group of the branch, a province wide inventory of physical facilities (hospitals and nursing homes) began in this fiscal year. Inventories of Norwood Extended Care Centre, Edmonton, Charles Camsell, Edmonton, and George Boyack Nursing Home, Calgary, were completed.

The Professional Services Group also published the first draft of the Departmental Mechanical and Electrical Guidelines for hospitals and nursing homes.

These guidelines cover the following areas:

Energy Consideration; Environmental Design Parameters; Heating, Ventilating and Air Conditioning; Plumbing and Medical Gas Services; Fire and Life Safety Systems; Power, Lighting, and Communication Systems; Wiring Systems and Methods; and Security Systems.

Special Project

An additional responsibility directly under the Assistant Deputy Minister is the Urban Hospitals Project. During 1983/84 the Northeast Hospital, Calgary, and the Millwoods Hospital, Edmonton, were under design.

Emergency Services

The Emergency Air Ambulance Service transported 2,204 patients, at a total cost of approximately $2.9 million, during the fiscal year. This is an increase of 8.7 per cent and 20.8 per cent, respectively, over the previous fiscal year.

More than 50 per cent of the air ambulance flights within the province (1,893) originated in seven Alberta communities, with Fort McMurray (193), Grande Prairie (163), Medicine Hat (161), Edmonton (261), High Level (168), Peace River (134), and Slave Lake (50), showing the highest utilization.

Communities without hospitals generated 243 air ambulance trips. This is a decrease of 18.5 per cent over the previous fiscal year.

The number of persons transferred out of the province for hospital and medical care not available in Alberta increased from 114 to 227 (143.0 per cent) and costs increased from $227,608 to $806,741 (254.4 per cent) over the previous fiscal year. A greater portion of the cost was spent on sending pediatric cardiac patients out-of-province for surgery, due to the departure of the pediatric cardiac surgeon from the University of Alberta Hospitals in July 1983.

However, there was a decrease in the number and cost of repatriation of Albertans who became ill or were injured outside of the province. The number of patients decreased from 46 in the previous fiscal year, to 23 (50.0 per cent) and costs decreased from $102,297 to $91,618 (10.4 per cent).

In most cases the Alberta Air Ambulance program does not pay for emergency transportation back to Alberta. To be eligible, a number of conditions apply, including

a) the level of care is not available where the patient is hospitalized;
b) the nearest centre which can provide that level of care is located in Alberta.

Institutional Operations

This branch is responsible for direct liaison on management, operational and financial matters between the department and the health care facilities that are the responsibility of the department of Hospitals and Medical Care.

The branch's main functions include:

- recommending annually the level of financial support provided to each acute care hospital and auxiliary hospital in the province;
- visiting hospitals within the province to ensure that the highest possible standards of care within the scope of the available resources are provided;
- monitoring standards of care in nursing homes in the province;
- providing consulting services to hospitals and nursing homes regarding appropriate standards of patient care, administration, finance, dietetics, pharmacy and physical medicine;
- reviewing periodic financial returns and statistical reports from health care facilities to ensure that operations are being conducted within the approved programs and the financial support provided, plus providing advice leading to corrective action where appropriate;
- reviewing budget appeal requests and providing detailed recommendations to senior management;

- reviewing and processing requests for ad hoc capital equipment.

The activities of the branch during fiscal year 1983/84 included 185 visits to hospitals in the province. These visits embrace 166 routine visits and reviews, 15 pre-opening visits to the nine new facilities that opened during the period and four post-opening visits.

Detailed reassessment reviews were completed for several facilities and 76 hearings were held. In addition to these reassessment reviews, major operational reviews were undertaken for the Calgary Alberta Children's Hospital, Calgary Auxiliary Hospital and Nursing Home District No. 7 and the University of Alberta Hospitals - of these major operational reviews, only the Children's Hospital was finalized, the others are ongoing.

As a result of budget reassessment and operational reviews, and a concerted effort by hospital management to improve cost effectiveness, the paid hours utilized by acute hospitals were reduced by 16,642 from the previous year, in spite of the fact that nine new facilities were opened. At the same time, the paid hours for auxiliary care hospitals increased by slightly more than 3.0 per cent in response to providing a more appropriate level of care to residents of these facilities.

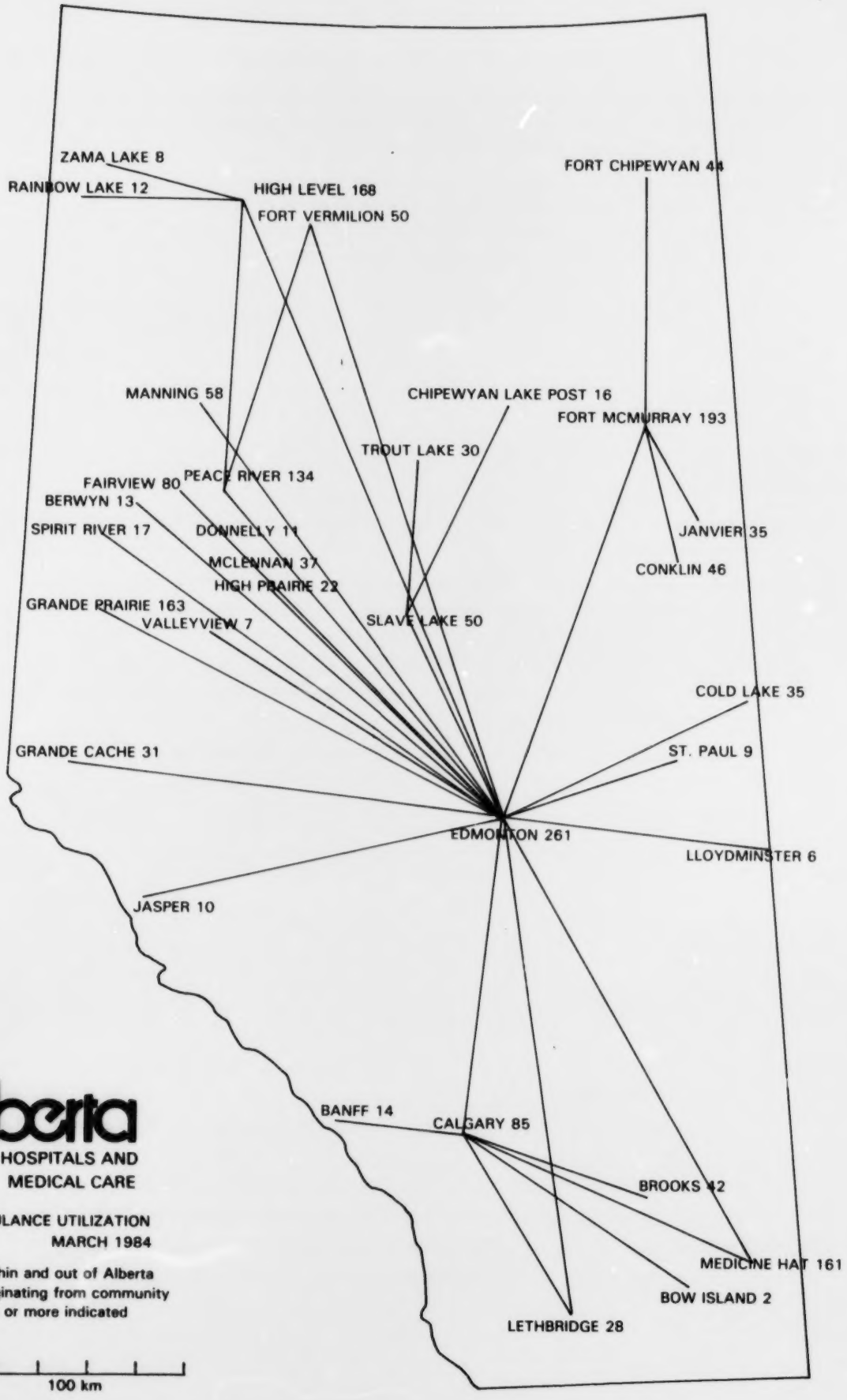
Management Information Development

This branch is responsible for:

- coordination of long range and operational planning of institution related electronic data processing (EDP) systems;
- development and operation of EDP required to meet the operational needs of the Hospital Services and Policy Development divisions of the department. The branch provides systems analysis, design and project management support as well as consulting services in the area of management information systems to hospitals;
- collection, editing and processing of the information needed for the administration of the Hospitals and Nursing Homes Acts;
- recommendation of changes and enhancements to existing reporting systems in order to improve the efficiency and quality of the information collected;
- responding to requests for information from within the department and from other departments and outside agencies;
- provision of consulting support to hospitals for the submission of project proposals for hospital computer systems to the department;
- assistance to hospitals in systems development by reviewing objectives and plans and by undertaking feasibility studies and post-implementation evaluations;
- assessment of hospitals EDP budget submissions.

Major activities during 1983/84 fiscal year included:

- funding and monitoring of the financial and patient care systems at the Misericordia and Calgary General Hospitals;
- funding and monitoring of the centralized financial systems project at the Alberta Hospitals Association;
- provision of consulting assistance for a number of hospitals in the province;
- programming and implementation of a major management information system for the department;
- collection, processing, editing, and dissemination of institutional information.



Alberta

HOSPITALS AND MEDICAL CARE

AIR AMBULANCE UTILIZATION
MARCH 1984

1. Trips within and out of Alberta
2. Trips originating from community
3. Five trips or more indicated

POLICY DEVELOPMENT DIVISION

The Policy Development Division is responsible for organizing, managing and coordinating research activities, and for developing intermediate and long-term planning and policy options for the department.

Health Economics and Statistics

This branch is responsible for initiating, administering and coordinating policy-oriented research relating to health economics, participating in formulating an assessment of departmental policy in the allocation of health care resources, and providing research and analytical services to other management centres in the department.

It also acts as a focal point for federal-provincial and interprovincial coordination of health economic research and statistical activities required in support of the administration of The Alberta Health Care Insurance Plan, the Alberta hospitalization benefits plan and the Alberta nursing home plan.

The major activities of the branch were:

- preparing and interpreting data for annual fee negotiations with health professionals and assessing financial implications of various options at different negotiation stages;
- developing and implementing, in coordination with respective professional associations, changes to the schedules of benefits payable on a fee-for-service basis;
- preparing revenue and expenditure projections for health care programs for budget purposes;
- identifying and analyzing the factors responsible for changes in health care costs and utilization;
- analyzing and estimating the inflation factors for salary and non-salary costs of hospitals and nursing homes;
- assessing and estimating the economic impact of changes in health care regulations;
- estimating the economic impact of collective agreements (with hospital workers) on the operating costs of hospitals;
- preparing population estimates by hospital district for utilization studies;
- developing methodologies for the definition and estimation of hospital service areas and service populations;
- preparing statistical tables, charts, graphs and explanatory text for the department's annual reports and statistical supplement.

RESEARCH AND STRATEGIC PLANNING

The primary functions of this branch are:

- identifying and forecasting strategic planning issues and needs facing the health care system in the province and raising these for discussion by the Management Committee and the Minister;
- taking a lead role, based on the discussion of needs and issues facing the health care system, in mapping out intermediate to long range goals for the department for approval by the Management Committee and the Minister;

- preparing strategic plans and strategies, based on the agreed intermediate and long range goals, for resolving major issues via the development of a long range and intermediate plan and a systematic annual planning- budgeting cycle;
- facilitating the development of broad health policies for the province in consultation with the Minister, the department and stake-holder groups;
- developing and coordinating the departmental response to federal-provincial and inter-provincial issues;
- identifying new health care thrusts undertaken by other provinces and countries for reference in Alberta;
- projecting and analyzing health manpower needs for the province and developing strategies for resolving these manpower issues;
- developing an evaluation framework and strategy for evaluating programs and policies of the department;
- identifying and analyzing the implications of all proposed health legislation;
- assisting in the administration of the department's health professional legislation;
- conducting research and evaluation studies at the request of other branches as part of the support of their planning and management activities.

Major activities included:

- a survey of hospitals and nursing homes as part of the 1983 and 1984 Health and Social Services Disciplines Committee Survey of Employers;
- participation in the national physician manpower study;
- preparation of briefs for the Health Occupations Board;
- review of proposed legislation related to health professionals;
- continuation of further work regarding the transfer of nursing schools from Alberta Hospitals and Medical Care to Alberta Advanced Education;
- preparation of discussion papers related to the development and implementation of the hospital user charges program;
- preparation of discussion papers related to the review of the Blue Cross Non Group program;
- conduction of an Inservice Training Survey of Alberta Nursing Homes;
- preparation of a review of bed ratio guidelines and bed need projections and methodologies;
- participation in a review of the recommendations of the Southern Alberta Study of Psychiatric Needs and Provisions covering policy and manpower areas;
- participation on a steering committee for the Area Wide Planning Study in conjunction with the Edmonton and Calgary Area Hospital Planning Councils;
- analyses and assessment of funding of health care under Established Program Financing and related health care legislation;
- preparation of briefing notes, analyses and submissions on the implications for Alberta of the Canada Health Act;
- preparation of statistics and information on the utilization of provincial mental health care services;

- coordination of a departmental review on recommendations of the Nursing Home Review Panel Report;
- provision of research and support services to the Nursing Home Liaison Committee;
- preparation of background papers and discussion papers on strategies to contain health care costs in Alberta;
- participation in a major study pilot testing a new funding system at Foothills Provincial General Hospital, Medicine Hat and District Hospital and Drumheller General Hospital.

FINANCIAL STATEMENTS

LIST OF FINANCIAL STATEMENTS

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HOSPITALS AND MEDICAL CARE
STATEMENT OF EXPENDITURE BY PROGRAM AND SUB-PROGRAM
for the year ended March 31, 1984

STATEMENT A

Program/Sub-program	Funds Provided					Expended	Unexpended (Over Expended)
	Estimates	Prior Year Liabilities	Special Warrants	Transfers	Total Authorized		
Departmental Support Services	$ 34,875,290	$ —	$ 218,000	$2,243,000	$ 37,336,290	$ 37,331,981	$ 4,309
Health Care Insurance	353,250,000	—	10,953,000	—	364,203,000	345,877,220	18,325,780
Financial Assistance for Active Care							
Program Support	135,573,802	—	1,746,000	—	137,319,802	132,766,509	4,553,293
Major Medical Referral and Research Centres	215,356,375	—	3,710,000	(10,949,692)	208,116,683	201,226,189	6,890,494
Major Urban Medical and Referral Centres	364,590,435	—	6,720,000	—	371,310,435	367,220,864	4,089,571
Other Referral Centres	116,090,973	—	2,069,000	—	118,159,973	116,914,232	1,245,741
Specialized Health Care	160,095,251	—	1,629,000	6,830,000	168,554,251	168,546,002	8,249
Community-Based Hospital Care	206,176,141	—	3,993,000	4,119,692	214,288,833	213,872,405	416,428
	1,197,882,977	—	19,867,000	—	1,217,749,977	1,200,546,201	17,203,776
Financial Assistance for Long-Term Chronic Care							
Program Support	3,082,326	—	—	—	3,082,326	2,223,509	858,817
Long-Term Chronic Care	142,669,976	—	6,676,000	—	149,345,976	146,266,035	3,079,941
Specialized Long-Term Chronic Care	2,353,406	—	—	—	2,353,406	2,226,550	126,856
	148,105,708	—	6,676,000	—	154,781,708	150,716,094	4,065,614
Financial Assistance for Supervised Personal Care							
Private Nursing Homes	45,127,560	—	—	50,000	45,177,560	44,882,434	295,126
District Nursing Homes	31,995,019	—	—	—	31,995,019	31,574,126	420,893
Voluntary Nursing Homes	22,232,213	—	—	(50,000)	22,182,213	19,056,657	3,125,556
	99,354,792	—	—	—	99,354,792	95,513,217	3,841,575
Financial Assistance for Capital Construction							
Program Support - Capital Construction	17,577,868	—	—	11,836,000	29,413,868	22,123,437	7,290,431
Major Medical Referral and Research Centres - Capital Construction	—	—	—	—	—	—	—
Major Urban Medical and Referral Centres - Capital Construction	61,606,000	—	—	(2,060,000)	59,546,000	36,361,947	23,184,053
Other Referral Centres - Capital Construction	87,698,000	—	—	(10,176,000)	77,522,000	64,350,677	13,171,323
Specialized Health Care - Capital Construction	5,565,000	—	—	(1,000,000)	4,565,000	2,611,046	1,953,954
Community-Based Hospital Care - Capital Construction	175,962,000	—	—	(11,851,000)	164,111,000	117,027,396	47,083,604
Long-Term Chronic Care - Capital Construction	14,400,000	—	—	13,251,000	27,651,000	20,537,121	7,113,879
Supervised Personal Care - Capital Construction	3,769,000	—	—	—	3,769,000	2,281,482	1,487,518
	366,577,868	—	—	—	366,577,868	265,293,106	101,284,762
Total 1984	$2,200,046,635	—	$37,714,000	$2,243,000(a)	$2,240,003,635	$2,095,277,819	$144,725,816

(a) Transferred from the salary contingency fund.

DISTRIBUTION OF TOTAL EXPENDITURE FOR INSTITUTIONAL CARE BY TYPE OF EXPENDITURE for the year ended March 31, 1984

STATEMENT B

Expenditure	Institution				Other Support	Total
	Active Care Hospitals	Auxiliary Hospitals	Other Facilities	Nursing Homes		
Operating Support	$1,067,779,692	$146,266,035	$2,226,550	$ —	$ —	$1,216,272,277
Bad Debts	1,924,555	25,118	—	—	—	1,949,673
Equity Interest	500,264	124,804	—	—	—	625,068
Major Equipment Grants	30,415,611	655,624	—	49,842	—	31,121,077
Extraordinary Maintenance	2,164,791	704,645	—	48,288	—	2,917,724
Air Ambulance	—	—	—	—	2,918,368	2,918,368
Blood Service	—	—	—	—	9,507,716	9,507,716
Other Program Support	82,039,369	713,318	—	6,385	3,295,835	86,054,907
Major Capital Construction	229,450,968	21,286,367	—	2,281,482	—	253,018,817
Other Capital Costs	6,956,025	190,069	—	4,088,042	1,040,153	12,274,289
Per Diem Support	—	—	—	95,408,702	—	95,408,702
Total	$1,421,231,275	$169,965,980	$2,226,550	$101,882,741	$16,762,072	$1,712,068,618

DISTRIBUTION OF TOTAL EXPENDITURE BY ACTIVE CARE FACILITY
for the year ended March 31, 1984

STATEMENT C

Institution	Operating Support	Bad Debts	Equity Interest	Major Equipment Grants	Extra-Ordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
ATHABASCA, Athabasca Municipal	$ 1,911,996	$ 908	$ —	$ 11,573	$ —	$ 56,376	$ 6,881,470	$ —	$ 8,862,323
BANFF, Mineral Springs	2,530,992	17,688	25,979	80,558	—	28,854	43,076	—	2,727,147
BARRHEAD, Barrhead General	4,231,569	633	—	23,227	9,856	59,328	—	—	4,324,613
BASHAW, Bashaw General	1,242,996	—	—	109,764	20,280	4,500	—	5,864	1,383,404
BASSANO, Bassano General	1,132,992	1,969	—	32,274	—	24,012	—	—	1,191,247
BEAVERLODGE, Beaverlodge Municipal	1,404,348	4,236	—	25,954	—	37,476	—	—	1,472,014
BENTLEY, Bentley General	733,068	20	—	—	—	13,134	—	—	746,222
BERWYN, Berwyn Municipal	813,312	613	—	5,836	—	4,860	287,300	—	1,111,921
BLAIRMORE, Crowsnest Pass General	3,097,992	8,708	—	24,827	—	38,388	43,844	—	3,213,759
BONNYVILLE, Health Centre	—	—	—	—	—	—	2,430,489	—	2,430,489
BONNYVILLE, St. Louis	2,691,996	2,451	17,891	29,749	—	75,960	—	—	2,818,047
BOW ISLAND, Bow Island General	980,352	1,380	—	6,258	2,278	2,772	1,403,559	—	2,396,599
BOYLE, Boyle General	1,151,988	830	—	136,401	94,065	47,784	—	—	1,431,068
BRETON, Breton General	1,000,992	284	—	13,627	—	16,044	—	—	1,030,947
BROOKS, Brooks Health Centre	4,548,514	2,012	—	56,854	24,134	81,737	—	11,387	4,724,638
CALGARY, Alberta Children's Provincial General	35,605,472	—	—	703,943	145,853	1,493,792	506,978	201,427	38,657,465
CALGARY, Calgary General	87,344,988	213,856	—	2,439,589	185,147	4,030,732	8,451,715	514,899	103,180,926
CALGARY, Colonel Belcher	11,280,888	—	—	316,078	—	41,565	802,395	—	12,440,926
CALGARY, Foothills Provincial General	83,569,980	149,008	—	2,625,680	76,183	21,288,779	788,579	1,214,591	109,712,800
CALGARY, Holy Cross	45,772,440	150,531	—	2,617,375	17,732	1,978,467	757,920	950,433	52,244,898
CALGARY, N.E. Satellite	—	—	—	—	—	—	1,533,931	—	1,533,931
CALGARY, Rockyview General	22,865,244	—	—	304,214	—	260,392	17,134,321	—	40,564,171
CALGARY, S. Satellite	—	—	—	—	—	—	1,504,302	—	1,504,302
CALGARY, Salvation Army Grace	8,625,996	2,367	62,302	173,216	4,345	7,836	1,912,000	—	10,788,062
CAMROSE, St. Mary's	5,773,992	—	27,185	67,495	—	37,584	100,064	—	6,006,320
CANMORE, Canmore Municipal	1,425,996	2,869	—	3,118	—	37,483	9,024,508	55,403	10,549,377
CARDSTON, Cardston Municipal	3,648,996	—	—	65,146	—	16,044	—	458,576	4,188,762
CARMANGAY, Little Bow Municipal	535,992	—	—	2,765	1,295	1,836	—	—	541,888
CASTOR, Our Lady of the Rosary	1,314,296	181	11,694	41,793	—	21,445	—	—	1,389,409
CEREAL, Cereal Municipal	382,992	—	—	2,463	—	7,896	—	—	393,351

STATEMENT C cont'd.

Institution	Operating Support	Bad Debts	Equity Interest	Major Equipment Grants	Extra-Ordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
CLARESHOLM, Claresholm General	1,920,000	3,390	—	24,199	—	47,033	—	51,593	2,046,215
COALDALE, Coaldale Community	1,207,572	—	12,350	20,105	—	4,008	—	—	1,244,035
COLD LAKE, John Neil	1,920,492	2,966	—	29,577	—	126,185	2,405,509	—	4,484,729
CONSORT, Consort Municipal	736,992	—	—	4,021	—	7,800	4,170,699	—	4,919,512
CORONATION, Coronation Municipal	1,116,718	5,064	—	5,563	—	23,394	5,416,268	—	6,567,007
DAYSLAND, Dayslend General	1,789,992	360	—	184,126	140,792	24,672	—	—	2,139,942
DESMARAIS, St. Martin's Health Centre	432,864	4,081	—	—	—	—	—	—	436,945
DEVON, Devon Civic	714,984	—	—	2,036	—	9,023	6,091,913	—	6,817,956
DIDSBURY, Mountain View Health Care Centre	1,593,996	987	—	39,767	—	23,285	9,386,430	—	11,044,465
DRAYTON VALLEY, Drayton Valley General	2,828,988	4,626	—	13,163	—	157,440	6,319,522	—	9,323,739
DRUMHELLER, Drumheller Regional Health Complex	3,886,992	2,835	—	44,502	—	46,389	—	—	3,980,718
ECKVILLE, Eckville Municipal	1,280,820	432	—	12,967	—	63,945	—	—	1,358,164
EDMONTON, Alberta Hospital	42,427,544	—	—	286,898	—	150,890	—	764,917	43,630,249
EDMONTON, Charles Camsell	25,954,000	101,763	—	836,206	—	447,576	—	195,146	27,534,691
EDMONTON, Edmonton General	42,889,092	219,547	99,756	1,179,038	15,325	3,103,840	29,000	—	47,535,598
EDMONTON, Glenrose Provincial General	24,305,988	731	—	206,904	258,212	451,888	181,068	—	25,404,791
EDMONTON, Millwoods Area	—	—	—	—	—	—	1,823,504	—	1,823,504
EDMONTON, Misericordia	43,125,539	137,640	34,683	3,622,286	—	2,621,796	4,007,170	—	53,549,114
EDMONTON, Royal Alexandra	87,613,673	96,070	—	2,660,523	—	10,177,710	—	184,131	100,732,107
EDMONTON, Royal Elizabeth	—	—	—	—	—	—	1,505,953	—	1,505,953
EDMONTON, University of Alberta	117,656,209	235,863	—	2,842,087	—	28,180,916	276,933	—	149,192,008
EDSON, St. John's	2,023,992	2,657	11,999	42,291	17,581	81,504	—	72,805	2,252,829
ELK POINT, Elk Point Municipal	2,275,992	778	—	9,286	—	62,202	—	—	2,348,258
ELNORA, Elnora General	675,984	—	—	—	—	5,940	—	—	681,924
EMPRESS, Empress Municipal	655,406	3,439	—	—	—	2,472	—	—	661,317
FAIRVIEW, Fairview General	2,920,992	2,541	—	8,084	—	64,344	—	—	2,995,961
FORT MACLEOD, Macleod Municipal	1,857,904	607	—	65,119	—	21,672	1,754,719	—	3,700,021
FORT MCMURRAY, Fort McMurray Regional	16,542,868	158,137	—	185,317	—	4,620	—	—	16,890,942
FORT SASKATCHEWAN, Fort Saskatchewan General	2,542,956	1,788	—	90,307	—	19,668	—	—	2,654,719

STATEMENT C cont'd.

Institution	Operating Support	Bad Debts	Equity Interest	Major Equipment Grants	Extra-Ordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
FORT VERMILION, St. Theresa General	1,921,284	2,402	—	9,955	—	12,036	2,402,164	—	4,347,841
FOX CREEK, Fox Creek	708,984	2,786	—	—	—	14,794	—	—	726,564
GALAHAD, Galahad General	1,244,796	541	—	48,883	—	8,328	—	—	1,302,548
GLENDON, Glendon Municipal	846,996	—	—	—	—	9,577	—	—	856,573
GRANDE CACHE, Grande Cache General	1,132,920	1,953	—	126,398	8,445	22,908	—	23,464	1,316,088
GRANDE PRAIRIE, Queen Elizabeth II	13,979,392	37,561	—	228,795	—	124,688	33,657,495	—	48,027,931
GRIMSHAW, Grimshaw/Berwyn & District	—	—	—	—	—	—	5,197,889	—	5,197,889
HANNA, Hanna General	2,295,996	5,474	—	41,760	—	57,746	—	100,000	2,500,976
HARDISTY, Hardisty General	888,000	89	—	3,850	—	4,836	3,096,187	—	3,992,962
HIGH LEVEL, High Level Community Health Centre	1,728,744	3,790	—	9,800	—	31,044	—	249,652	2,023,030
HIGH PRAIRIE, High Prairie Regional Health Complex	4,805,081	5,560	—	74,842	17,918	64,632	—	13,747	4,981,780
HIGH RIVER, High River General	5,362,137	3,348	—	67,050	—	62,870	—	—	5,495,405
HINTON, Hinton General	2,799,996	2,317	—	—	—	82,599	—	—	2,884,912
HYTHE, Hythe Municipal	820,668	—	—	1,853	—	15,264	44,700	—	882,485
INNISFAIL, Innisfail Health Care Centre	2,255,988	16,453	—	—	—	33,369	27,000	—	2,332,810
ISLAY, Islay Municipal	629,988	402	—	1,400	—	24,876	—	—	656,666
JASPER, Seton General	1,534,992	3,256	—	17,015	—	52,416	—	—	1,607,679
KILLAM, Killam General	1,369,992	987	6,162	8,921	30,320	12,516	—	—	1,428,898
LAC LA BICHE, Lac La Biche General	3,777,000	1,963	—	19,258	—	126,624	2,050,665	—	5,975,510
LACOMBE, Lacombe General	2,380,332	4,926	—	36,038	—	50,640	5,215,115	—	7,687,051
LAMONT, Archer Memorial	2,302,992	250	29,315	100,932	—	47,520	—	—	2,481,009
LEDUC, Leduc General	2,357,446	795	—	60,661	—	41,244	400,110	—	2,860,256
LETHBRIDGE, Lethbridge Regional (General Centre)	14,497,992	101,377	—	310,502	—	51,420	13,216,739	6,395	28,184,425
LETHBRIDGE, Lethbridge Regional Lab.	3,968,988	—	—	104,336	—	—	—	1,329	4,074,653
LETHBRIDGE, St. Michael's General	12,963,000	7,672	94,000	263,343	165,781	78,619	—	138,459	13,710,874
LLOYDMINSTER, Lloydminster*	2,472,984	—	—	157,741	—	277,126	—	—	2,907,851
MAGRATH, Magrath Municipal	997,236	—	—	9,475	—	3,288	3,906,884	—	4,916,883
MANNING, Manning Municipal	1,538,400	2,250	—	18,013	42,778	20,709	—	6,221	1,628,371
MANNVILLE, Mannville Municipal	1 457,988	1,439	—	4,515	—	24,960	—	—	1,488,902

STATEMENT C cont'd.

Institution	Operating Support	Bad Debts	Equity Interest	Major Equipment Grants	Extra-Ordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
MAYERTHORPE, Mayerthorpe General	918,828	153	—	25,880	—	24,624	1,703,370	—	2,672,855
MCLENNAN, Sacred Heart	3,334,800	3,514	—	22,321	—	193,752	112,480	—	3,666,867
MEDICINE HAT, Medicine Hat and District (General Centre)	16,287,000	13,552	—	398,919	—	73,500	20,438,313	—	37,211,284
MILK RIVER, Border Counties General	961,596	2,319	—	14,263	1,888	8,868	—	—	988,934
MUNDARE, Mary Immaculate	711,684	131	9,631	3,858	—	14,324	—	—	739,628
MYRNAM, Myrnam Municipal	860,004	—	—	3,967	—	11,040	—	—	875,011
OLDS, Olds Municipal	2,072,988	1,503	—	43,885	—	32,892	225,417	—	2,376,685
OYEN, Big Country	1,181,400	355	—	5,949	—	47,808	105,888	7,171	1,348,571
PEACE RIVER, Peace River Municipal	4,128,984	5,485	—	96,305	—	27,864	—	—	4,258,638
PICTURE BUTTE, Picture Butte Municipal	930,996	129	—	28,604	—	6,090	—	—	965,819
PINCHER CREEK, Pincher Creek Municipal	2,916,992	5,147	—	12,190	—	92,393	2,557,561	—	5,584,283
PONOKA, Alberta Hospital	24,820,462	—	—	438,055	—	—	11,000	631,479	25,900,996
PONOKA, Ponoka General	2,730,186	3,970	—	26,333	—	37,476	497,128	—	3,295,093
PROVOST, Provost Municipal Health Care Centre	1,936,992	153	—	11,780	4,586	66,384	—	—	2,019,895
RAYMOND, Raymond Municipal	1,159,992	730	—	—	—	4,836	5,134,122	—	6,299,680
RED DEER, Red Deer General	34,050,996	35,838	—	628,163	—	318,684	—	—	35,033,681
RED DEER, Red Deer Regional Lab.	4,623,996	—	—	116,214	—	—	—	—	4,740,210
REDWATER, Redwater General	1,620,000	266	—	144,663	—	31,908	—	—	1,796,837
RIMBEY, Rimbey General	1,336,992	1,097	—	13,113	—	35,343	106,042	—	1,492,587
ROCKY MOUNTAIN HOUSE, Rocky Mountain House General	2,492,664	2,739	—	41,503	—	73,633	—	—	2,610,539
SLAVE LAKE, Slave Lake General	1,779,420	16,807	—	90,984	—	51,647	11,542	—	1,950,400
SMOKY LAKE, George McDougall Memorial	1,231,992	1,326	—	23,420	—	18,325	2,321,099	—	3,596,162
SPIRIT RIVER, Central Peace General	1,969,992	1,275	—	23,336	—	25,548	—	19,000	2,039,151
STETTLER, Stettler General	3,089,544	168	—	68,546	9,185	58,080	34,027	—	3,259,550
STONY PLAIN, Stony Plain Municipal	2,143,584	9,190	—	109,410	—	29,484	—	218,721	2,510,389
STRATHMORE, Valley General	96,996	—	—	—	—	—	4,233,878	—	4,330,874
ST. ALBERT, Sturgeon General	8,118,984	8,235	—	252,468	—	66,604	169,219	—	8,615,510
ST. PAUL, St. Therese General	3,542,502	428	—	129,583	35,254	91,716	259,321	3,030	4,061,834
SUNDRE, Sundre General	1,326,984	530	—	23,095	—	35,700	—	491,000	1,877,309
SWAN HILLS	—	—	—	—	—	—	2,154,765	—	2,154,765

STATEMENT C cont'd.

Institution	Operating Support	Bad Debts	Equity Interest	Major Equipment Grants	Extra-Ordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
TABER, Taber General	3,706,992	12,014	—	31,559	—	18,432	2,469,628	—	6,238,625
THREE HILLS, Three Hills Municipal	987,444	84	—	3,117	—	33,212	6,495,844	—	7,519,701
TOFIELD, Tofield Municipal	1,802,988	1,180	—	13,075	—	12,660	2,185,808	—	4,015,711
TROCHU, St. Mary's	1,225,284	784	11,600	28,129	5,534	17,532	118,911	—	1,407,774
TURNER VALLEY, Turner Valley Municipal	1,032,924	—	—	—	1,007	12,192	6,424,645	—	7,470,768
TWO HILLS, Two Hills Municipal	1,639,062	180	—	18,425	—	73,745	745,947	—	2,477,359
VALLEYVIEW, Valleyview Health Centre	2,214,000	3,377	—	50,504	8,585	245,827	—	—	2,522,293
VEGREVILLE, St. Joseph's General	3,459,984	1,268	12,840	78,056	228,516	44,987	—	—	3,825,651
VERMILION, Vermilion Health Care Complex	3,082,716	860	—	—	—	45,024	—	—	3,128,600
VIKING, Viking General	2,179,992	1,313	—	—	—	22,620	—	—	2,203,925
VILNA, Our Lady's	950,988	95	—	—	—	7,068	—	—	958,151
VULCAN, Vulcan General	1,216,992	2,585	—	—	—	17,352	4,659,757	—	5,896,686
WAINWRIGHT, Wainwright & District Health Care Complex	2,349,996	2,691	—	14,514	—	72,792	—	—	2,439,993
WESTLOCK, Immaculata	3,610,992	1,895	26,556	259,796	—	50,196	—	4,332	3,953,767
WETASKIWIN, Wetaskiwin General	8,451,540	3,129	—	437,443	—	73,701	85,169	23,443	9,074,425
WHITECOURT, Whitecourt General	1,737,996	9,505	—	73,822	—	83,023	—	37,927	1,942,273
WILLINGDON, Mary Immaculate	1,057,472	—	6,321	50,580	278,270	12,804	—	—	1,405,447
Metro-Edmonton Hospital District No. 106	375,000	—	—	—	—	—	—	—	375,000
Alberta Cancer Board**	32,760,540	14,118	—	2,500,299	313,646	2,715,742	—	299,483	38,603,828
Total	$1,067,779,692	$1,924,555	$500,264	$30,415,611	$2,164,791	$82,039,369	$229,450,968	$6,956,025	$1,421,231,275

* Expenditure to an out-of-province hospital for Alberta residents utilizing the facility.

** Includes funding for: Tom Baker Cancer Centre, Calgary; Cross Cancer Institute, Edmonton; Lethbridge Cancer Clinic and peripheral cancer clinics in Grande Prairie, Medicine Hat, Peace River, and Red Deer.

STATEMENT D

DISTRIBUTION OF TOTAL EXPENDITURE BY AUXILIARY HOSPITAL
for the year ended March 31, 1984

Institution	Operating Support	Bad Debts	Equity Interest	Major Equipment Grants	Extra-Ordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
BOW ISLAND, Bow Island	$ 569,988	$ —	$ —	$ 3,889	$ —	$ —	$ —	$ —	$ 573,877
BROOKS, Brooks	704,988	—	—	2,625	—	983	—	—	708,596
CALGARY, Bethany	12,886,092	—	13,010	73,203	68,667	34,961	—	—	13,075,933
CALGARY, Colonel Belcher	5,073,996	—	—	16,275	—	—	—	—	5,090,271
CALGARY, A.H. & N.H. District #7*	13,490,520	—	—	69,924	5,800	25,479	1,160,211	190,069	14,942,003
CALGARY, Dr. Vernon Fanning Extended Care	10,319,420	—	—	67,120	13,155	20,689	—	—	10,420,384
CALGARY, Foothills	6,339,996	—	—	—	—	—	—	—	6,339,996
CAMROSE, Bethany	1,353,996	—	9,507	26,070	—	11,952	35,581	—	1,437,106
CARDSTON, Cardston	810,984	—	—	3,799	—	—	—	—	814,783
CLARESHOLM, Willow Creek - Claresholm	1,427,770	—	—	7,985	1,722	7,116	127,243	—	1,571,835
DIDSBURY, Mountain View Health Care Centre	1,508,496	—	—	20,550	—	4,392	—	—	1,533,438
DRUMHELLER, Regional Health Complex	951,000	—	—	6,047	—	1,272	—	—	958,319
EDMONTON, Allen Gray	1,572,000	—	3,152	16,129	10,650	2,796	—	—	1,604,727
EDMONTON, Dickinsfield Extended Care Centre	7,365,000	—	—	32,467	—	26,844	950,000	—	8,374,311
EDMONTON, Good Samaritan	5,715,036	—	50,360	37,060	—	16,104	22,075	—	5,840,636
EDMONTON, Mewburn Veterans Centre	3,684,996	—	—	—	—	6,540	—	—	3,691,536
EDMONTON, Millwoods Shepherd's Care Centre	—	—	—	—	—	—	6,027,526	—	6,027,526
EDMONTON & RURAL A.H. & N.H. District #24**	17,754,972	—	—	46,305	601,151	47,544	—	—	18,449,972
EDMONTON, St. Joseph's	5,527,125	—	48,775	35,660	—	6,936	—	—	5,618,496
EDMONTON, St. Michael's	720,380	—	—	—	—	—	6,271,875	-8	6,992,255
EDMONTON, University of Alberta, Aberhart Pavilion	—	—	—	—	—	432,843	—	—	432,843
EDMONTON, Youville Memorial	15,114,996	11,856	—	—	—	23,100	340,269	—	15,490,221
GRANDE PRAIRIE, Queen Elizabeth II	1,588,992	—	—	5,697	—	2,880	—	—	1,597,569

STATEMENT D cont'd.

Institution	Operating Support	Bad Debts	Equity Interest	Major Equipment Grants	Extra-Ordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
HIGH RIVER, High River	851,988	—	—	—	—	—	—	—	851,988
INNISFAIL, Innisfail Health Care Centre (Aux.)	1,336,992	—	—	—	—	—	—	—	1,336,992
ISLAY, Islay	615,000	—	—	1,668	—	—	—	—	616,668
KILLAM, Flagstaff	1,363,992	107	—	5,250	—	1,272	—	—	1,370,621
LAC LA BICHE, Lac La Biche	414,000	—	—	—	—	—	—	—	414,000
LACOMBE, Lacombe	492,984	—	—	1,717	—	—	—	—	494,701
LAMONT, Archer Memorial	475,992	—	—	2,520	—	—	—	—	478,512
LAMONT, Lamont	1,408,992	—	—	12,714	—	1,272	—	—	1,422,978
LETHBRIDGE, Lethbridge Regional (Rehab. Centre)	3,404,772	2,208	—	11,534	—	5,902	—	—	3,424,416
LLOYDMINSTER, Lloydminster	1,119,984	—	—	5,224	—	1,704	—	—	1,126,912
MEDICINE HAT, Medicine Hat & District	3,354,984	214	—	10,500	—	4,908	—	—	3,370,606
MUNDARE, Mundare	578,988	—	—	—	—	—	—	—	578,988
PEACE RIVER, Peace River - Fairview	1,359,996	—	—	8,247	—	—	—	—	1,368,243
PINCHER CREEK, Pincher Creek	270,000	—	—	—	—	—	—	—	270,000
RADWAY, Radway Health Care Centre	877,992	104	—	22,436	—	4,380	—	—	904,912
RED DEER, Dr. Richard Parsons	3,261,984	10,629	—	10,500	—	—	—	—	3,283,113
RIMBEY, Rimbey	1,405,992	—	—	1,377	—	—	—	—	1,407,369
ROCKY MOUNTAIN HOUSE, Rocky Mountain House	623,988	—	—	—	—	—	—	—	623,988
STETTLER, Dr. A.E. Kennedy	1,579,012	—	—	5,246	—	3,089	—	—	1,587,347
VEGREVILLE, Vegreville	1,384,992	—	—	22,467	—	2,904	—	—	1,410,363
WAINWRIGHT, Wainwright & District Health Care Complex	1,285,992	—	—	4,227	3,500	2,328	5,253,201	—	6,549,248
WESTLOCK, Thorhild-Westlock	1,741,860	—	—	39,198	—	2,844	1,098,386	—	2,882,288
WETASKIWIN, Wetaskiwin	1,584,984	—	—	5,224	—	—	—	—	1,590,208
WHITELAW, Hotel-Dieu of St. Joseph	989,832	—	—	14,770	—	10,284	—	—	1,014,886
Total	$146,266,035	$25,118	$124,804	$655,624	$704,645	$713,318	$21,286,367	$190,069	$169,965,980

* CALGARY, A.H. & N.H. DISTRICT #7 includes: — Cross Bow — Glenmore Park — Sarcee

** EDMONTON & RURAL, A.H. & N.H. DISTRICT #24 includes: — Grandview Extended Care Centre — Lynnwood Extended Care Centre — Norwood Extended Care Centre

STATEMENT E

DISTRIBUTION OF TOTAL EXPENDITURE BY NURSING HOME
for the year ended March 31, 1984

Nursing Homes	Per Diem Support	Major Equipment Grants	Extraordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
ATHABASCA, Extendicare	$ 658,444	$ —	$ —	$ —	$ —	$ —	$ 658,444
BARRHEAD, Barrhead	671,902	—	—	—	2,281,482	—	2,953,384
BLAIRMORE, Crowsnest Pass	852,597	—	—	—	—	—	852,597
BONNYVILLE, Extendicare	664,991	—	—	—	—	—	664,991
BROOKS, Health Centre	645,574	3,653	—	—	—	124,000	773,227
CALGARY, Bethany Care Centre	949,391	—	—	—	—	—	949,391
CALGARY, Beverly	2,235,616	—	—	—	—	—	2,235,616
CALGARY, Bow-Crest	1,894,374	—	—	—	—	—	1,894,374
CALGARY, Bow View	1,928,215	—	—	—	—	—	1,928,215
CALGARY, Brentwood	1,509,879	—	—	—	—	—	1,509,879
CALGARY, Cedars Villa	3,074,917	—	—	—	—	—	3,074,917
CALGARY, Central Park Lodge	1,523,774	—	—	—	—	—	1,523,774
CALGARY, Chinook	1,783,390	—	—	—	—	—	1,783,390
CALGARY, Extendicare	1,208,789	—	—	—	—	—	1,208,789
CALGARY, Father Lacombe	1,258,322	—	—	—	—	—	1,258,322
CALGARY, Forest Grove Care Centre	2,231,752	—	—	—	—	—	2,231,752
CALGARY, George Boyack	2,767,770	—	—	—	—	500,078	3,267,848
CALGARY, Glamorgan	697,352	—	—	—	—	—	697,352
CALGARY, Mayfair	1,715,626	—	—	—	—	—	1,715,626
CALGARY, Sarcee	949,999	—	—	—	—	227,844	1,177,843
CALGARY, Scottish	578,228	—	—	—	—	—	578,228
CALGARY, Southwood	1,452,880	—	—	—	—	—	1,452,880
CAMROSE, Bethany	1,295,348	—	—	—	—	—	1,295,348
CARDSTON, Grandview	512,375	4,985	—	—	—	203,428	720,788
CORONATION, Coronation-Paintearth	430,299	8,316	—	—	—	112,234	550,849
DIDSBURY, Mountain View Health Care Centre	513,653	—	48,288	—	—	217,400	779,341
DRAYTON VALLEY	—	—	—	—	—	—	0
DRUMHELLER, Regional Health Complex	986,497	—	—	—	—	137,318	1,123,815
EDMONTON, Central Park Lodge	1,645,426	—	—	—	—	—	1,645,426

Nursing Homes	Per Diem Support	Major Equipment Grants	Extraordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
EDMONTON, Dickinsfield Extended Care Centre	1,235,958	—	—	—	—	—	1,235,958
EDMONTON, Dr. Angus McGugan Pavilion	2,825,332	16,787	—	—	—	514,227	3,356,346
EDMONTON, Extendicare North	1,498,682	—	—	—	—	—	1,498,682
EDMONTON, Extendicare South	1,217,407	—	—	—	—	—	1,217,407
EDMONTON, Good Samaritan Mount Pleasant Care Centre	2,269,441	—	—	—	—	—	2,269,441
EDMONTON, Good Samaritan (Southgate)	2,816,009	—	—	—	—	—	2,816,009
EDMONTON, Hardisty	2,684,769	—	—	—	—	—	2,684,769
EDMONTON, Jasper Place Central Park Lodge	1,272,670	—	—	—	—	—	1,272,670
EDMONTON, Jubilee Lodge	1,599,272	—	—	—	—	—	1,599,272
EDMONTON, Millwoods Shepherds Care Centre	1,669,352	—	—	—	—	—	1,669,352
EDMONTON, Roger Parker Pavilion	1,844,054	—	—	—	—	—	1,844,054
EDMONTON, St. Michael's	1,072,550	—	—	—	—	—	1,072,550
EDMONTON, Venta	835,154	—	—	—	—	—	835,154
EDSON, Edson	630,748	—	—	—	—	—	630,748
FAIRVIEW, Fairview	510,635	—	—	—	—	116,800	627,435
FORT MACLEOD, Extendicare	587,316	—	—	—	—	—	587,316
FORT SASKATCHEWAN, Rivercrest Lodge	903,173	—	—	—	—	—	903,173
GRANDE PRAIRIE, Central Park Lodge	642,014	—	—	—	—	5,930	647,944
GRANDE PRAIRIE, Queen Elizabeth II	1,051,610	—	—	—	—	—	1,051,610
HANNA, Palliser	644,675	—	—	—	—	97,108	741,783
HIGH PRAIRIE, J. B. Wood	577,827	—	—	—	—	158,172	735,999
HIGH RIVER, High River	645,998	—	—	—	—	—	645,998
HYTHE, Hythe	249,127	—	—	—	—	—	249,127
LACOMBE, Lacombe	411,615	—	—	—	—	—	411,615
LAMONT, Lamont	400,318	2,425	—	—	—	174,023	576,766
LEDUC, Extendicare	1,013,864	—	—	—	—	—	1,013,864
LEDUC, Salem Manor	1,524,052	—	—	—	—	—	1,524,052
LETHBRIDGE, Edith Cavell	1,286,410	—	—	—	—	—	1,286,410
LETHBRIDGE, Extendicare	723,632	—	—	—	—	—	723,632

Nursing Homes	Per Diem Support	Major Equipment Grants	Extraordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
LETHBRIDGE, Southland	1,897,233	—	—	—	—	270,124	2,167,357
LINDEN, Linden	502,213	—	—	—	—	—	502,213
LLOYDMINSTER, Dr. Cooke	784,302	—	—	—	—	288,619	1,072,921
MAYERTHORPE, Extendicare	649,797	—	—	—	—	—	649,797
MCLENNAN, Our Lady of the Lake	595,918	—	—	—	—	—	595,918
MEDICINE HAT, Central Park Lodge	1,619,085	—	—	—	—	—	1,619,085
MEDICINE HAT, Sunnyside	1,275,572	—	—	—	—	—	1,275,572
PEACE RIVER, Sutherland	876,460	—	—	—	—	—	876,460
PONOKA, Northcott Lodge	905,669	—	—	—	—	—	905,669
PROVOST, Provost Municipal Health Care Centre	660,166	—	—	—	—	167,943	828,109
RED DEER, Red Deer	1,535,829	—	—	—	—	154,300	1,690,129
RED DEER, Valley Park Manor	1,279,020	—	—	—	—	165,456	1,444,476
RED DEER, West Park	912,444	—	—	—	—	87,590	1,000,034
ST. ALBERT, Youville	2,018,893	—	—	—	—	—	2,018,893
ST. PAUL, Extendicare	945,358	—	—	—	—	—	945,358
SHERWOOD PARK, Sherwood Park	1,263,981	—	—	—	—	—	1,263,981
SMOKY LAKE, Smoky Lake	432,755	—	—	—	—	106,000	538,755
STETTLER, Stettler	660,327	—	—	—	—	—	660,327
STONY PLAIN, Good Samaritan	1,141,534	—	—	—	—	—	1,141,534
TWO HILLS, Two Hills Nursing Home District #42	386,954	—	—	—	—	—	386,954
VEGREVILLE, Vegreville	517,156	5,311	—	—	—	183,548	706,015
VERMILION, Vermilion Health Care Complex	662,678	—	—	—	—	75,900	738,578
VIKING, Extendicare	798,200	—	—	—	—	—	798,200
VULCAN, Extendicare	486,711	—	—	—	—	—	486,711
WESTLOCK, Westlock	673,149	8,365	—	—	—	—	681,514
WETASKIWIN, Wetaskiwin	646,254	—	—	—	—	—	646,254
BONNYVILLE, A.H. & N.H. District #29 Board	—	—	—	3,000	—	—	3,000
LAC ST. ANNE-Whitecourt N.H. District #27 Board	—	—	—	3,385	—	—	3,385
Total	$95,408,702	$49,842	$48,288	$6,385	$2,281,482	$4,088,042	$101,882,741

STATEMENT F

DISTRIBUTION OF TOTAL EXPENDITURE BY OTHER FACILITIES
for the year ended March 31, 1984

Other Facilities	Operating Support
BONNYVILLE, Duclos Hospital	$ 753,038
CARDSTON, Blood Indian Hospital	171,931
CHATEH, Hay Lake Nursing Station	165,891
FORT CHIPEWYAN, Fort Chipewyan Nursing Station	156,193
FOX LAKE, Fox Lake Nursing Station	42,588
GLEICHEN, Blackfoot Indian Hospital	290,382
MEDLEY, Canadian Forces Base Hospital	646,527
Total	$2,226,550

CAPITAL CONSTRUCTION

STATUS OF CAPITAL CONSTRUCTION PROJECTS
for the year ended March 31, 1984

Location	Name of Facility	Project	NUMBER OF BEDS Prior to Construction			Upon Completion			STATUS OF CONSTRUCTION
			ACT	AUX	NH	ACT	AUX	NH	
Athabasca	Athabasca Municipal Hospital	Replacement	43	–	–	52	22	–	Completed
Banff	Mineral Springs Hospital	Replacement	49	–	–	41	25	–	Design
Barrhead	Barrhead Nursing Home	Replacement	67	20	52	87	25	75	Construction
Black Diamond	Oilfields General Hospital	Replacement	26	–	–	26	23	–	Construction
Blairmore	Crowsnest Pass General Hospital	Replacement	62	–	66	40	22	44	Planning
Bonnyville	St. Louis Hospital	Replacement	64	–	–	72	20	–	Construction
Bow Island	Bow Island General Hospital	Addition	20	20	–	20	50	–	Construction
Calgary	Cross Bow Auxiliary Hospital	Replacement	–	100	–	–	100	–	Planning
Calgary	District #7	New office building	–	–	–	–	–	–	Completed
Calgary	Calgary General Hospital	Central Laundry	954	–	–	954	–	–	Completed
Calgary	Calgary General Hospital	Upgrading	954	–	–	954	–	–	Completed
Calgary	Calgary General Hospital	Master Plan	–	–	–	–	–	–	Planning
Calgary	Holy Cross Hospital	Master Plan	–	–	–	–	–	–	Planning
Calgary	Rockyview General Hospital	Addition and renovations	194	–	–	542	–	–	Construction
Calgary	Northeast Hospital	New facility	–	–	–	496	–	–	Design
Calgary	Salvation Army Grace Hospital	Renovations	116	–	–	116	–	–	Construction
Camrose	Bethany Auxiliary Hospital	Replacement	–	50	100	–	70	127	Planning
Camrose	St. Mary's Hospital	Replacement	121	–	–	122	–	–	Planning
Canmore	Canmore Municipal Hospital	Replacement	21	–	–	52	22	–	Construction
Claresholm	Willow Creek-Claresholm Auxiliary	Replacement	–	50	–	–	50	50	Design
Cold Lake	John Neil Hospital	Replacement	47	–	–	67	15	25	Design
Consort	Consort Municipal Hospital	Replacement	24	–	–	21	–	–	Construction
Coronation	Coronation-Paintearth Nursing Home	Replacement	27	–	33	26	20	33	Construction
Devon	Devon Civic Hospital	Replacement	12	–	–	25	–	–	Construction

Note: Planning: Covers activities from approval of project request to project scope definition.
Design: Covers activities from project scope definition to contract award.
Construction: Covers activities from contract award to completion of construction.

STATUS OF CAPITAL PROJECTS continued

Location	Name of Facility	Project	NUMBER OF BEDS Prior to Construction : Upon Completion						STATUS OF CON-STRUCTION
			ACT	AUX	NH	ACT	AUX	NH	
Didsbury	Didsbury Municipal Hospital	Replacement	37	–	–	52	–	–	Construction
Drayton Valley	Drayton Valley General Hospital	Renovations and expansion	49	–	–	50	30	20	Construction
Edmonton	Alberta Hospital	Master Plan	–	–	–	–	–	–	Planning
Edmonton	Cross Cancer Institute	Master Plan	–	–	–	–	–	–	Planning
Edmonton	Edmonton General Hospital	Renovations	604	–	–	604	–	–	Construction
Edmonton	Edmonton General Hospital	Master Plan	–	–	–	–	–	–	Planning
Edmonton	Glenrose Provincial General Hospital	Replacement	309	–	–	277	–	–	Design
Edmonton	Good Samaritan Auxiliary Hospital	Replacement	–	200	–	–	200	–	Design
Edmonton	Millwoods Hospital	New Facility	–	–	–	496	–	–	Design
Edmonton	Shepherd's Care Nursing Home	Conversion	–	–	75	–	73	75	Construction
Edmonton	Misericordia Hospital	Remedial Program	591	–	–	591	–	–	Construction
Edmonton	Misericordia Hospital	Master Plan	–	–	–	–	–	–	Planning
Edmonton	Royal Alexandra Hospital	Master Plan	–	–	–	–	–	–	Planning
Edmonton	St. Michael's Nursing Home	Conversion	–	–	75	–	75	75	Construction
Elnora	Elnora General Hospital	Replacement	11	6	–	10	–	–	Completed
Fort Macleod	Macleod Municipal Hospital	Replacement and addition	35	–	–	43	30	–	Construction
Fort Vermilion	St. Theresa General Hospital	Replacement	37	–	–	40	–	–	Completed
Grande Prairie	Queen Elizabeth II Hospital	Renovations and new construction	139	50	50	247	110	100	Construction
Grimshaw	Grimshaw/Berwyn & District Hospital	New facility	22	–	–	26	–	–	Construction
Hardisty	Hardisty General Hospital	Replacement	22	–	–	21	–	–	Construction
Hythe	Hythe Municipal Hospital	Replacement	11	–	–	10	–	25	Completed
Innisfail	Innisfail General Hospital	Replacement	57	–	–	37	40	–	Completed
Lac La Biche	Lac La Biche General Hospital	Replacement and addition	72	–	–	74	25	–	Completed
Lacombe	Lacombe General Hospital	Replacement and addition	53	18	34	53	25	50	Construction

Note: Planning: Covers activities from approval of project request to project scope definition.
Design: Covers activities from project scope definition to contract award.
Construction: Covers activities from contract award to completion of construction.

STATUS OF CAPITAL PROJECTS continued

Location	Name of Facility	Project	NUMBER OF BEDS Prior to Construction : Upon Completion						STATUS OF CONSTRUCTION
			ACT	AUX	NH	ACT	AUX	NH	
Leduc	Leduc General Hospital	Addition and renovations	37	–	–	110	–	–	Design
Lethbridge	Lethbridge Municipal Hospital	Replacement	215	100	–	330	100	–	Construction
Lloydminster	Lloydminster Hospital	Replacement	96	–	–	125	–	–	Planning
Magrath	Magrath Municipal Hospital	Replacement	28	–	–	26	–	–	Construction
Mayerthorpe	Mayerthorpe General Hospital	Replacement	23	–	–	26	–	–	Construction
McLennan	McLennan General Hospital and Nursing Home District	Replacement and renovations	63	–	50	53	20	50	Planning
Medicine Hat	Medicine Hat and District (General Centre)	New C.S.B. dietary and nursing tower	244	100	–	307	136	-	Construction
Olds	Olds Municipal Hospital	Replacement	45	–	–	53	25	25	Design
Oyen	Big Country Hospital	Renovation and addition	33	–	–	29	15	15	Design
Pincher Creek	Pincher Creek Health Care Centre	Replacement	58	–	–	42	20	–	Completed
Ponoka	Alberta Hospital	Master Plan	–	–	–	–	–	–	Planning
Ponoka	Alberta Hospital	Replacement and addition	394	–	–	394	–	–	Planning
Ponoka	Ponoka General Hospital	Replacement and addition	53	–	–	54	30	–	Design
Raymond	Raymond Municipal Hospital	Replacement	27	–	–	26	–	–	Completed
Red Deer	Red Deer General Hospital	Replacement and renovations	239	–	–	363	–	–	Completed
Rimbey	Rimbey General Hospital	Renovations and addition	34	29	–	29	45	–	Construction
Slave Lake	Slave Lake General Hospital	Replacement	41	–	–	43	–	30	Planning
Smoky Lake	George McDougall Memorial Hospital	Replacement	27	–	–	26	22	–	Construction
St. Albert	Sturgeon General Hospital	Replacement	105	–	–	200	–	–	Planning
St. Paul	St. Therese General Hospital	Addition and renovations	81	–	–	91	30	–	Design
Stettler	Stettler General Hospital	Replacement and renovations	52	50	50	52	50	50	Design
Strathmore	Valley General Hospital	New facility	–	–	–	25	–	23	Construction
Swan Hills	Swan Hills Hospital	New facility	–	–	–	21	–	–	Construction
Taber	Taber General Hospital	Replacement	70	–	–	48	20	50	Construction
Three Hills	Three Hills Municipal Hospital	Replacement	23	–	–	26	20	–	Construction
Tofield	Tofield Municipal Hospital	Replacement	34	–	–	40	20	30	Design

Note: Planning: Covers activities from approval of project request to project scope definition.
Design: Covers activities from project scope definition to contract award.
Construction: Covers activities from contract award to completion of construction.

STATUS OF CAPITAL PROJECTS continued

Location	Name of Facility	Project	NUMBER OF BEDS Prior to Construction : Upon Completion						STATUS OF CONSTRUCTION
			ACT	AUX	NH	ACT	AUX	NH	
Trochu	St. Mary's Hospital	Addition and renovations	15	15	–	15	15	25	Construction
Two Hills	Two Hills Health Care Centre	Replacement and expansion	40	–	30	45	20	40	Construction
Vulcan	Vulcan General Hospital	Replacement	39	–	–	26	–	–	Construction
Wainwright	Wainwright General Hospital	Replacement and renovations	51	50	–	52	75	–	Construction
Westlock	Thorhild-Westlock Auxiliary Hospital	Expansion and upgrading	–	50	52	–	50	52	Completed
Wetaskiwin	Wetaskiwin General Hospital	Replacement and renovations	140	50	50	140	50	80	Planning
	Alberta Heritage Savings and Trust Fund								
Calgary	Alberta Children's Provincial General Hospital	Replacement and expansion	128	–	–	128	–	–	Construction
Calgary	Tom Baker Cancer Centre and Specialty Services Facility	Addition	814	–	–	848	180	–	Construction
Edmonton	Walter C. Mackenzie Health Sciences Centre	Replacement	1235	40	–	843	–	–	Construction

Note: Planning: Covers activities from approval of project request to project scope definition.
Design: Covers activities from project scope definition to contract award.
Construction: Covers activities from contract award to completion of construction.

HOSPITALS AND NURSING HOMES OPERATING IN ALBERTA

Alberta

HOSPITALS AND MEDICAL CARE

MARCH 1984

GENERAL HOSPITAL DISTRICT	——
GENERAL HOSPITAL	■
AMBULATORY CARE FACILITY	(AC)
FEDERAL NURSING STATION	(FN)

Multiple facilities are indicated (2)

HOSPITALS AND NURSING HOMES OPERATING IN ALBERTA

GENERAL HOSPITALS

At March 31, 1984, there were 123 public general hospitals operating in Alberta. This included 122 public general hospitals, which were approved by the Minister of Hospitals and Medical Care and provide standards of service which meet the requirements of the Alberta Hospitals Act, and one contract hospital which the Minister contracts to provide insured services to Alberta residents. Fifteen of these hospitals included long-term care beds.

In addition, there were two federal general hospitals; three federal nursing stations, which provided ambulatory care services only; and two ambulatory care facilities.

The total capacity of all public and federal general hospitals mentioned above was 12,700 adult and children beds. These beds, together with the 4,057 beds in auxiliary hospitals (see Auxiliary Hospitals below) provided a ratio of 7.1 hospital beds per 1,000 population (based on the Statistics Canada Quarterly Estimates of Population for Canada and the Provinces, which put Alberta's population at 2,349,100 as at April 1, 1984).

MENTAL HEALTH HOSPITALS

Effective December 23, 1982, the administration of the two mental health hospitals in Alberta was transferred from the Minister of Social Services and Community Health to the Minister of Hospitals and Medical Care. The total capacity of these two facilities was 1,053 beds as at March 31, 1984.

AUXILIARY HOSPITALS

Auxiliary hospitals are designed and operated for persons who require elements of hospital care at a less intensive level than is provided in general hospitals. The patients are usually chronically ill or disabled. For some, treatment consists of rehabilitation to a point that return to the community or transfer to a nursing home or other residential facility is possible. For others, treatment is the provision of necessary skilled nursing and medical care for an extended period of time, even though there is little prospect of rehabilitation.

There were 39 auxiliary hospitals operating in the province at March 31, 1984, with a total capacity of 4,057 beds. These beds, together with the 462 beds found in long-term care units in public general hospitals, provided a ratio of 1.9 long-term beds per 1,000 population.

NURSING HOMES

Nursing homes provide supervised, personal care for persons who are not ill enough to require hospitalization in a general or auxiliary hospital, but require assistance in coping with activities of daily living. There are three kinds of nursing home ownership in Alberta — private, voluntary and district. Under the Alberta nursing home plan, eligible Alberta residents receive per diem benefits in those homes which are under contract with the Minister of Hospitals and Medical Care to provide care under the terms and provisions of the Nursing Homes Act.

At March 31, 1984, there were 83 nursing homes in the province with a total capacity of 7,590 beds, providing a ratio of 42.6 beds per 1,000 population 65 years of age and older.

For a complete listing of general and auxiliary hospitals in Alberta, and their approved bed complements, refer to Table 3, page 61. A complete list of nursing homes in the province, with their approved bed complements, is shown in Table 5, page 66. Additional data on utilization and staffing for all facilities can be found in the Statistical Tables Section.

STATISTICAL TABLES

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GLOSSARY

GLOSSARY OF TERMS USED IN THE STATISTICAL TABLES 71

TABLE 1

HOSPITAL UTILIZATION
SELECTED INDICATORS
For the years ended March 31[1]

	General Hospitals[2]			Auxiliary Hospitals			Mental Health Hospitals[17]
	1983	1984	Percentage Change	1983	1984	Percentage Change	1984
Number of Facilities as at March 31	125	125	—	38	39	2.6%	2
Approved Bed Complement as at March 31[3]							
Adults and Children	12,702	12,700	—	3,982	4,057	1.9%	1,053
Bassinets	1,632	1,629	-0.2%	n.a.	n.a.	n.a.	n.a.
Approved Bed Complement per 1,000 Population[4,5]	5.4	5.4	—	1.7	1.7	—	0.4
Average Percentage Occupancy[6,7]							
Adults and Children	70.1	69.9	n.a.	91.5	94.2	n.a.	87.6
Newborn	42.4	41.2	n.a.	n.a.	n.a.	n.a.	n.a.
Admissions[8]							
Adults and Children	405,759	405,526	-0.1%	4,220	4,380	3.8%	4,288
Newborn	45,083	45,002	-0.2%	n.a.	n.a.	n.a.	n.a.
Separations[8]							
Adults and Children	406,628	405,396	-0.3%	3,869	4,308	11.3%	4,314
Newborn	45,087	44,991	-0.2%	n.a.	n.a.	n.a.	n.a.
Separations per 1,000 Population[4,8,9]	174.1	172.4	-1.0%	1.7	1.8	5.9%	1.8
Total Days Stay of Separations[8]							
Adults and Children	3,214,308	3,194,095	-0.6%	1,232,315	1,322,799	7.3%	380,243
Newborn	247,080	245,748	-0.5%	n.a.	n.a.	n.a.	n.a.
Average Length of Stay[8]							
Adults and Children	7.9	7.9	—	318.5	307.1	-3.6%	88.1
Newborn	5.5	5.5	—	n.a.	n.a.	n.a.	n.a.
Patient-Days During The Year[8]							
Adults and Children	3,251,058	3,247,482	-0.1%	1,329,715	1,398,711	5.2%	337,588
Newborn	252,861	245,699	-2.8%	n.a.	n.a.	n.a.	n.a.
Patient-Days per 1,000 Population[4,8,9]	1,391.7	1,381.1	-0.8%	569.2	594.9	4.5%	143.6
Average Daily Number of Patients[8]							
Adults and Children	8,907.0	8,872.9	-0.4%	3,643.1	3,821.6	4.9%	922.4
Newborn	692.8	671.3	-3.1%	n.a.	n.a.	n.a.	n.a.
Total Paid Hours[9]	58,337,132[11]	58,280,323[11]	-0.1%	8,638,217[13,15]	9,147,314[13,15]	5.9%	1,836,734
Full-Time Equivalent Employees[9,10]	28,840.5[11]	28,812.4[11]	-0.1%	4,270.5[13,15]	4,522.2[13,15]	5.9%	1,896.8
Paid Hours per Patient-Day[4,8,9]	18.0[11,12]	18.0[11,12]	—	6.1[13,16]	6.2[13,16]	1.6%	11.4

Notes pertaining to TABLE 1 appear on the following page.

NOTES PERTAINING TO
HOSPITAL UTILIZATION
SELECTED INDICATORS
For the years ended March 31, 1983 and 1984

NOTES: r: Revised. n.a.: Not applicable. --: Non-zero value.

(1) Source: Annual Return of Health Care Facilities - Hospitals - Part One, 1982-83 and 1983-84. The information is that reported to the department by individual hospitals and includes all amendments submitted to the department on or before January 31, 1984 and April 4, 1985, respectively.

(2) Includes all public and federal general hospitals. Excludes the Blackfoot Health Centre in Gleichen and federal nursing stations which provide ambulatory care services only. Data for the St. Martin's Health Centre in Desmarais were consolidated with the Slave Lake General Hospital data in 1982-83 and 1983-84.

(3) Number of beds, cribs and bassinets that the hospitals were approved to accommodate at March 31, 1983 and 1984, as approved by the department and Federal Government as at February 24, 1984 and April 4, 1985, respectively.

(4) Adults and children.

(5) Based on Statistics Canada's Quarterly Estimates of Population for Canada and Provinces, which placed Alberta's population at 2,349,100 as at April 1, 1983 and 1984.

(6) Includes residents and non-residents of Alberta separated from Alberta Hospitals.

(7) Based on total accumulated patient-days during the reporting year and total approved bed complement as at March 31 of the reporting year.

(8) Based on Statistics Canada's Quarterly Estimates of Population for Canada and Provinces, which placed Alberta's population at 2,336,000 and 2,351,300 as at October 1, 1982 and 1983, respectively.

(9) Excludes medical staff, interns and residents.

(10) One full-time equivalent person is equal to total paid hours divided by normal hours of one full-time employee (2,022.75 hours).

(11) Excludes total paid hours for the Medley, Canadian Forces Hospital Cold Lake in 1982-83 and 1983-84.

(12) Excludes patient-days during the year for the Medley, Canadian Forces Hospital Cold Lake (1982-83: 3,328; 1983-84: 3,018).

(13) The Edmonton, Dickinsfield Extended Care Centre and Edmonton, Lynnwood Extended Care Centre are integrated auxiliary and nursing home care facilities. Although patient data have been separately identified for the auxiliary and nursing home operations, total staff paid hour data cover the combined operation of each facility.

(14) Includes patient-days during the year for nursing home patients within the Dickinsfield Extended Care Centre (i.e., 1982-83: 36,448; 1983-84: 36,552) and the Lynnwood Extended Care Centre (i.e., 1982-83: 53,573; 1983-84: 53,763).

(15) Excludes total paid hours for the Lacombe Auxiliary Hospital.

(16) Excludes patient-days during the year for the Lacombe Auxiliary Hospital (i.e., 1982-83: 6,487; 1983-84: 6,495).

(17) Data for the fiscal year 1982-83 are unavailable for the mental health hospitals.

TABLE 2

DISTRIBUTION OF HOSPITALS, APPROVED BED COMPLEMENT AND AVERAGE PERCENTAGE OCCUPANCY BY TYPE AND SIZE OF HOSPITAL

For the year ended March 31, 1984

Type of Hospital and Size	Hospitals		Approved Bed Complement[1]		Average Percentage Occupancy[2]
	Number	Percentage	Number	Percentage	
PUBLIC GENERAL HOSPITALS[3]					
1 - 24 Beds	19	15.5%	304	2.4%	52.9%
25 - 49 Beds	55	44.7%	1,838	14.6%	57.0%
50 - 99 Beds	27	22.0%	1,800	14.3%	63.0%
100 - 299 Beds	11	8.9%	1,699	13.4%	75.8%
300 Beds and Over	11	8.9%	6,980	55.3%	74.8%
TOTAL	123	100.0%	12,621	100.0%	70.2%
FEDERAL GENERAL HOSPITALS[4]					
1 - 24 Beds	—	—	—	—	—
25 - 49 Beds	1	50.0%	29	36.7%	35.9%
50 - 99 Beds	1	50.0%	50	63.3%	16.5%
100 - 299 Beds	—	—	—	—	—
300 Beds and Over	—	—	—	—	—
TOTAL	2	100.0%	79	100.0%	23.6%
TOTAL GENERAL HOSPITALS	125	n.a.	12,700	n.a.	69.9%
AUXILIARY HOSPITALS					
1 - 49 Beds	7	17.9%	198	4.9%	96.9%
50 - 99 Beds	15	38.5%	780	19.2%	90.6%
100 Beds and Over	17	43.6%	3,079	75.9%	94.9%
TOTAL	39	100.0%	4,057	100.0%	94.2%
MENTAL HEALTH HOSPITALS					
1 - 24 Beds	—	—	—	—	—
25 - 49 Beds	—	—	—	—	—
50 - 99 Beds	—	—	—	—	—
100 - 299 Beds	—	—	—	—	—
300 Beds and Over	2	100.0%	1,053	100.0%	87.6%
TOTAL	2	100.0%	1,053	100.0%	87.6%

NOTES:

n.a.: Not applicable.

(1) Number of adult and children beds and cribs that the hospital was approved to accommodate at March 31, 1984, as approved by the department and Federal Government as at April 4, 1985.

(2) Based on total accumulated patient-days during 1983-84 and total approved bed complement as at March 31, 1984.

(3) Excludes St. Martin's Health Centre in Desmarais which provides ambulatory care services only.

(4) Excludes Blackfoot Health Care Centre in Gleichen and federal nursing stations which provide ambulatory care services only.

TABLE 3

HOSPITALS BY LOCATION, OWNERSHIP AND APPROVED BED COMPLEMENT as at March 31, 1984

Location/Name	Ownership	Approved Bed Complement[1]		
		Adult and Children		Newborn Bassinets
		Acute	Auxiliary	
PUBLIC GENERAL HOSPITALS				
Athabasca Municipal	District	42		5
*Banff, Mineral Springs	Religious	46		10
*Barrhead General	District	83		14
Bashaw General	District	30		7
Bassano General	District	30		7
*Beaverlodge Municipal	District	30		9
*Bentley General	District	10		1
Berwyn Municipal	District	21		5
**Bonnyville, Duclos	Lay Corp.	18		4
*Bonnyville, St. Louis	Religious	60		12
*Bow Island General	District	19	20	3
Boyle General	District	30		7
Breton General	District	30		7
*Brooks Health Centre	District	70		15
*Calgary, Alberta Children's Provincial General	Provincial	128		
*Calgary, Colonel Belcher	District	205	155	
*Calgary, Foothills Provincial General	Provincial	816		98
*Calgary General	Municipal	933		63
*Calgary, Holy Cross	District	532		82
*Calgary, Rockyview General	District	194		
*Calgary, Salvation Army Grace	Religious	100		50
*Camrose, St. Mary's	Religious	117		12
Canmore Municipal	District	20		4
*Cardston Municipal	District	60	30	14
Carmangay, Little Bow Municipal	District	16		1
*Castor, Our Lady of the Rosary	Religious	30		6
Cereal Municipal	District	9		2
*Claresholm General	District	43		6
*Coaldale Community	Lay Corp.	25		5
Cold Lake, John Neil	District	45		8
Consort Municipal	District	22		6
Coronation Municipal	District	25		6
Daysland General	District	30		7
Devon Civic	Municipal	12		
*Didsbury, Mountain View Health Care Centre (General)	District	34		11
*Drayton Valley General	District	47		8
*Drumheller, Regional Health Complex (General Centre)	District	70		10
Eckville Municipal	District	26		5
*Edmonton, Charles Camsell	District	365		26
*Edmonton, Cross Cancer Institute	Provincial	76		
*Edmonton General	Religious	589		45
*Edmonton, Glenrose Rehabilitation	Provincial	309		
*Edmonton, Misericordia	Provincial[2]	558		100
*Edmonton, Royal Alexandra	Municipal	933		131
*Edmonton, University of Alberta	Provincial	1,196	40	117

TABLE 3 cont'd.

Location/Name	Ownership	Approved Bed Complement[1]		
		Adult and Children		Newborn Bassinets
		Acute	Auxiliary	
*Edson, St. John's	Religious	51		9
*Elk Point Municipal	District	32	10	4
Elnora General	District	10		3
Empress Municipal	District	10		3
Fairview General	District	50		10
Fort Macleod, Macleod Municipal	District	32		11
*Fort McMurray Regional	District	142		24
*Fort Saskatchewan General	District	50		7
Fort Vermilion, St. Theresa General	District	36		5
Fox Creek Hospital	District	10		
Galahad General	District	40		9
Glendon Municipal	District	12		2
Grande Cache General	District	34		7
*Grande Prairie, Queen Elizabeth II Hospital (General Centre)	District	139		27
*Hanna General	District	50		9
Hardisty General	District	20		6
High Level Community Health Centre	District	25		10
*High Prairie Regional Health Complex	District	75		16
*High River Hospital	District	65		8
*Hinton General	District	40		12
*Hythe Municipal	District	10		3
*Innisfail Health Care Centre	District	35	40	6
Islay Municipal	District	8	20	
Jasper, Seton General	District	33		8
*Killam General	Religious	30		7
*Lac La Biche General	District	72	25	6
*Lacombe General	District	50		9
*Lamont, Archer Memorial	Religious	48	24	10
*Leduc General	District	35		8
*Lethbridge Regional (General Centre)	District	205		34
*Lethbridge, St. Michael's General	Religious	202		18
*McLennan, Sacred Heart	District	61		6
*Magrath Municipal	District	26		6
*Manning Municipal	District	34		8
Mannville Municipal	District	20	8	3
Mayerthorpe General	District	22		5
*Medicine Hat and District (General Centre)	District	237		23
Milk River, Border Counties General	District	27		7
Mundare, Mary Immaculate	Religious	10	20	
*Municipality of Crowsnest Pass, Crowsnest Pass General	District	41		6
Myrnam Municipal	District	20		8
*Olds Municipal	District	43		6
Oyen, Big Country	District	31		7
*Peace River Municipal	District	71		12
Picture Butte Municipal	District	25		6
*Pincher Creek Municipal	District	42	20	6
*Ponoka General	District	50		11
Provost Municipal Health Care Centre	District	31		4

TABLE 3 cont'd.

Location/Name	Ownership	Approved Bed Complement[1]		
		Adult and Children		Newborn Bassinets
		Acute	Auxiliary	
*Raymond Municipal	District	25		6
*Red Deer Regional Hospital Centre	District	349		42
*Redwater General	District	32		6
*Rimbey General	District	26		9
*Rocky Mountain House General	District	57	20	8
*St. Albert, Sturgeon General	District	100		17
*St. Paul, St. Therese General	District	75		18
*Slave Lake General	District	39		7
Smoky Lake, George McDougall Memorial	District	25		6
*Spirit River, Central Peace General	District	47		8
*Stettler General	District	50		8
Stony Plain Municipal	District	27		7
*Sundre General	District	34		7
*Taber General	District	66		12
Three Hills Municipal	District	21		8
Tofield Municipal	District	31		9
*Trochu, St. Mary's	Religious	15	15	
Turner Valley Municipal	District	24		6
*Two Hills Municipal	District	37		9
Valleyview Health Centre	District	35		7
*Vegreville, St. Joseph's General	Religious	70		13
*Vermilion Health Care Complex	District	39	15	7
Viking General	District	32		6
Vilna, Our Lady's	District	17		3
*Vulcan General	District	37		7
*Wainwright and District Health Care Complex (General Centre)	District	49		9
*Westlock, Immaculata	Religious	80		11
*Wetaskiwin General	District	135		16
*Whitecourt General	District	34		7
Willingdon, Mary Immaculate	Religious	25		6
Total		12,159	462	1,629
FEDERAL GENERAL HOSPITALS				
Cardston, Blood Indian	Federal	29		
*Medley, Canadian Forces Hospital Cold Lake	Federal	50		10
Total		79		10
MENTAL HEALTH HOSPITALS				
*Edmonton, Alberta Hospital, Edmonton	Provincial	266	363	
Ponoka, Alberta Hospital, Ponoka	Provincial	64	360	
Total		330	723	
AMBULATORY CARE FACILITIES				
Chateh, Hay Lake Nursing Station	Federal			
Desmarais, St. Martin's Health Centre	District			
Fort Chipewyan Nursing Station	Federal			
Fox Lake Nursing Station	Federal			
Gleichen, Blackfoot Health Centre	Federal			

TABLE 3 cont'd.

Location/Name	Ownership	Approved Auxiliary Bed Complement[1]
AUXILIARY HOSPITALS		
*Brooks	District	25
*Calgary, Bethany Care Centre	Religious	425
*Calgary, Cross Bow	District	100
*Calgary, Dr. Vernon Fanning Extended Care Centre	District	300
Calgary Foothills	Provincial	180
*Calgary, Glenmore Park	District	200
*Calgary, Sarcee	District	100
*Camrose, Bethany	Religious	50
*Claresholm, Willow Creek-Claresholm	District	50
*Didsbury, Mountain View Health Care Centre (Auxiliary)	District	50
*Drumheller, Regional Health Complex (Auxiliary Centre)	District	30
*Edmonton, Allen Gray	Lay Corp.	52
*Edmonton, Dickinsfield Extended Care Centre	District	200
*Edmonton, Good Samaritan	Religious	200
*Edmonton, Grandview Extended Care Centre	District	200
*Edmonton, Lynnwood Extended Care Centre	District	175
*Edmonton, Norwood Extended Care Centre	District	141
*Edmonton, St. Joseph's Hospital	Religious	198
Edmonton, St. Michael's	Lay Corp.	75
*Edmonton, Youville Memorial Hospital	Religious	210
Edmonton, Mewburn Veterans' Centre	Provincial	150
*Grande Prairie, Queen Elizabeth II Hospital (Auxiliary Centre)	District	53
*High River	District	25
*Killam, Flagstaff	District	50
Lacombe	District	18
*Lamont	District	50
*Lethbridge Regional Hospital (Rehabilitation Centre)	District	100
Lloydminster	District	50
*Medicine Hat and District (Auxiliary Centre)	District	100
*Peace River	District	50
Radway Health Care Centre	Municipal	20
*Red Deer, Dr. Richard Parsons	District	100
*Rimbey	District	45
*Stettler, Dr. A.E. Kennedy	District	50
*Vegreville	District	50
*Wainwright and District Health Care Complex (Auxiliary Centre)	District	50
Westlock, Thorhild-Westlock	District	50
*Wetaskiwin	District	50
Whitelaw, Hotel-Dieu of St. Joseph	District	35
Total		4,057

NOTES:

* Indicates that the hospital is accredited by the Canadian Council on Hospital Accreditation.

** Indicates a contract hospital.

(1) Number of beds and bassinets that the hospital was approved to accommodate at March 31, 1984 (as approved by the department and Federal Government as at April 4, 1985).

(2) The Misericordia Hospital is operated by the Alberta Catholic Hospitals Foundation.

TABLE 4

NURSING HOME UTILIZATION
SELECTED INDICATORS
For the years ended March 31

	1982[5]	1983	1984	Percentage Change	
				1983/1982	1984/1983
Number of Facilities as at March 31[1]	80	80	83	—	3.8%
Approved Bed Complement as at March 31[2]	7,286	7,340	7,590	0.7%	3.4%
Approved Bed Complement per 1,000 Population 65 Years and Older[2][3]	43.1	41.7	42.6	-3.2%	2.2%
Average Percentage Occupancy[1][2][4]	98.4	98.9	97.9	n.a.	n.a.
Patients Still-In at Beginning of the Year[1]	7,091	7,195	7,269	1.5%	1.0%
Admissions[1]	2,807	2,918	3,108	4.0%	6.5%
Separations[1]	2,703	2,832	2,884	4.8%	1.8%
Patients Still-In at End of the Year[1]	7,195	7,281	7,493	1.2%	2.9%
Patient-Days During the Year[1]	2,616,333	2,649,874	2,720,663	1.3%	2.7%
Total Days Stay of Patients Still-In as at March 31[1]	8,606,463	8,759,120	9,013,460	1.8%	2.9%
Average Length of Stay of Patients Still-In as at March 31[1]	1,196.2	1,203.0	1,202.9	0.6%	--

NOTES:

--: Non-zero value
r: Revised.
n.a.: Not applicable

(1) Compiled on the basis of information reported to the department by individual nursing homes on or before April 4, 1985.

(2) Number of beds that the nursing homes were approved to accommodate as at March 31 of each reporting year, as approved by the department and Federal Government, as at April 4, 1985.

(3) Based on Statistics Canada's estimate of the population of Alberta and Alberta Bureau of Statistics' estimate of the proportion of the Alberta population 65 years of age and older as at April 1, 1982 to 1984.

(4) Based on total accumulated patient-days during the reporting year and total approved bed complement as at March 31 of the reporting year.

(5) Includes the Mayfair Nursing Home in Calgary effective August 1, 1981.

Note: The operations of some nursing homes in Alberta were affected by a 23 day nursing strike in 1982 (February 16 to March 10, 1982) involving members of the United Nurses of Alberta. The above statistical data for 1981-82 include the effect of this strike.

TABLE 5

NURSING HOMES BY LOCATION, OWNERSHIP AND APPROVED BED COMPLEMENT as at March 31, 1984

Location/Name	Ownership	Approved Bed Complement[1]
Athabasca, Extendicare (Alberta) Ltd.	Private	50
Barrhead	District	52
Bonnyville, Extendicare (Alberta) Ltd.	Private	50
*Brooks Health Centre	District	50
*Calgary, Bethany Care Centre	Religious	75
Calgary, Beverly	Private	182
Calgary, Bow-Crest	Private	150
Calgary, Bow View	Private	154
Calgary, Brentwood	Private	120
Calgary, Cedars Villa	Private	248
*Calgary, Central Park Lodge	Private	123
Calgary, Chinook	Private	149
Calgary, Father Lacombe	Religious	100
*Calgary, Forest Grove Care Centre	Private	225
*Calgary, George Boyack	District	222
Calgary, Glamorgan	Private	55
Calgary, Mayfair	Private	142
Calgary, Extendicare (Alberta) Ltd.	Private	96
*Calgary, Sarcee	District	75
Calgary, Scottish	Private	46
Calgary, Southwood	Private	120
*Camrose, Bethany	Religious	100
Cardston, Grandview	District	40
*Coronation, Coronation-Paintearth	District	33
*Didsbury, Mountain View Health Care Centre (Nursing Home)	District	40
*Drumheller, Regional Health Complex (Nursing Home)	District	80
*Edmonton, Central Park Lodge	Private	134
*Edmonton, Dickinsfield Extended Care Centre	District	100
*Edmonton, Dr. Angus McGugan Pavilion	District	225
*Edmonton, Good Samaritan Mount Pleasant Care Centre	Religious	196
*Edmonton, Good Samaritan (Southgate)	Religious	225
Edmonton, Hardisty	Private	226
*Edmonton, Jasper Place Central Park Lodge	Private	100
Edmonton, Jubilee Lodge	Private	128
*Edmonton, Lynnwood Extended Care Centre Roger Parker Pavilion	District	147
Edmonton, Extendicare (Alberta) Ltd. (North)	Private	120
Edmonton, Extendicare (Alberta) Ltd. (South)	Private	95
Edmonton, Millwoods Shepherd's Care Centre	Religious	75
Edmonton, St. Michael's	Lay Corp.	75
Edmonton, Venta	Private	65
*Edson	District	50
Fairview	District	40
Fort Macleod, Extendicare (Alberta) Ltd.	Private	50

TABLE 5 cont'd.

Location/Name	Ownership	Approved Bed Complement[1]
Fort Saskatchewan, Rivercrest Lodge	Private	70
Grande Prairie, Central Park Lodge	Private	88
*Grande Prairie, Queen Elizabeth II (Nursing Home)	District	50
*Hanna, Palliser	District	50
*High Prairie, J.B. Wood	District	52
*High River	District	50
Hythe	District	25
Lacombe	District	34
*Lamont	District	31
Leduc, Extendicare (Alberta) Ltd.	Private	79
Leduc, Salem Manor	Religious	100
Lethbridge, Edith Cavell	Private	100
Lethbridge, Extendicare (Alberta) Ltd.	Private	59
*Lethbridge, Southland	District	150
Linden	Religious	37
Lloydminster, Dr. Cooke	District	75
*McLennan, Our Lady of the Lake	District	50
Mayerthorpe, Extendicare (Alberta) Ltd.	Private	50
Medicine Hat, Central Park Lodge	Private	130
Medicine Hat, Sunnyside	Religious	100
Municipality of Crowsnest Pass, Crowsnest Pass	District	66
*Peace River, Sutherland	District	76
Ponoka, Northcott Lodge	Private	70
Provost Municipal Health Care Centre	District	50
*Red Deer	District	118
*Red Deer, Valley Park Manor	District	100
*Red Deer, West Park	District	70
*St. Albert, Youville	Religious	162
St. Paul, Extendicare (Alberta) Ltd.	Private	75
*Sherwood Park	Religious	100
Smoky Lake	District	33
*Stettler	District	50
*Stony Plain, Good Samaritan Care Centre	Religious	90
*Two Hills, Eagle View	District	30
*Vegreville	District	40
*Vermilion Health Care Complex	District	50
Viking, Extendicare (Alberta) Ltd.	Private	64
Vulcan, Extendicare (Alberta) Ltd.	Private	36
Westlock	District	52
*Wetaskiwin	District	50
Total		7,590

NOTES:

* Indicates that the nursing home is accredited by the Canadian Council on Hospital Accreditation.

(1) Number of beds that the nursing home was approved to accommodate at March 31, 1984, as approved by the department as at April 4, 1985.

BASIC HEALTH SERVICES
Persons Covered by Age and Sex
as at March 31

TABLE 6

Age	Male		Percentage Change	Female		Percentage Change	Total		Percentage Change
	1983	1984		1983	1984		1983	1984	
Under 1	23,386	23,092	-1.26%	22,206	21,865	-1.54%	45,592	44,957	-1.39%
1 - 4	87,250	87,331	0.09%	82,430	82,807	0.46%	169,680	170,138	0.27%
5 - 14	195,487	193,116	-1.21%	185,494	182,924	-1.39%	380,981	376,040	-1.30%
15 - 24	251,475	232,229	-7.65%	246,087	230,704	-6.25%	497,562	462,933	-6.96%
25 - 44	422,553	424,219	0.39%	386,855	394,013	1.85%	809,408	818,232	1.09%
45 - 64	193,847	196,128	1.18%	187,215	189,783	1.37%	381,062	385,911	1.27%
65 & Older	81,068	83,006	2.39%	98,900	102,726	3.87%	179,968	185,732	3.20%
TOTAL	1,255,066	1,239,121	-1.27%	1,209,187	1,204,822	-0.36%	2,464,253	2,443,943	-0.82%

NOTES:

A. The coverage data reported are the actual registrations on the Alberta Health Care Insurance Plan files. These exceed the Statistics Canada provincial population estimates. The differences are accounted for by the Alberta Health Care Insurance Plan files being kept current by the continual processing of additions and deletions of persons, by persons being temporarily outside the province for educational purposes and by registrants who have left the province but retain coverage for a period of three months.

B. The coverage figures do not include members of the Armed Forces and R.C.M.P., and inmates of Federal penitentiaries.

TABLE 7

AVERAGE FEE-FOR-SERVICE PAYMENTS BY DISCIPLINE
For the years ended March 31

Discipline	Number of Practitioners 1983	1984	Percentage Change	Average Payments 1983	1984	Percentage Change
BASIC HEALTH SERVICES						
A. Medical Practitioners						
TOTAL	3,071	3,233	5.28%	$ 138,457	$ 147,136	6.27%
General Practitioners	1,749	1,834	4.86%	112,055	117,299	4.68%
Total Specialists	1,322	1,399	5.82%	173,386	186,251	7.42%
Laboratory Specialists	147	163	10.88%	543,977	568,604	4.53%
Other Specialists	1,175	1,236	5.19%	127,022	135,828	6.93%
SPECIALISTS BY SPECIALTY						
Anaesthetists	148	152	2.70%	95,844	103,978	8.49%
Dermatologists	19	19	—	247,310	309,724	25.24%
General Surgeons	153	159	3.92%	137,936	146,924	6.52%
Urologists	33	33	—	156,482	171,665	9.70%
Internists	247	267	8.10%	112,864	120,964	7.18%
Neurologists	20	22	10.00%	112,468	119,124	5.92%
Neurological Surgeons	12	13	8.33%	127,928	153,289	19.82%
Obstetricians-Gynaecologists	117	120	2.56%	154,557	166,583	7.78%
Ophthalmologists	61	62	1.64%	181,763	196,530	8.12%
Rhino-Otolaryngologists	28	29	3.57%	196,670	211,236	7.41%
Orthopaedic Surgeons	64	71	10.94%	153,054	150,630	-1.58%
Paediatricians	115	124	7.83%	97,101	102,187	5.24%
Psychiatrists	114	120	5.26%	88,604	90,826	2.51%
Plastic Surgeons	24	25	4.17%	168,023	186,146	10.78%
Physical Medicine & Rehabilitation	8	8	—	61,477	66,793	8.65%
Thoracic Surgeons	12	12	—	181,066	208,619	15.22%
Laboratory/Pathologists	37	39	5.41%	1,538,006	1,726,039	12.23%
Laboratory/Radiologists	103	117	13.59%	219,526	212,745	-3.09%
Laboratory/Others	7	7	—	63,883	67,970	6.40%
B. Other Disciplines						
Oral Surgeons	750	848	13.07%	8,552	10,322	20.70%
Chiropractors	297	300	1.01%	63,149	66,584	5.44%
Optometrists	193	197	2.07%	39,020	41,069	5.25%
Podiatrists	17	19	11.76%	135,917	140,375	3.28%
Physiotherapists	161	215	33.54%	39,201	42,040	7.24%
EXTENDED HEALTH BENEFITS						
Dentists	1,020	1,048	2.75%	13,073	13,733	5.05%
Denturists	137	135	-1.46%	34,802	39,242	12.76%
Optometrists	177	179	1.13%	10,619	11,171	5.20%
Ophthalmic Dispensers	182	195	7.14%	9,287	9,601	3.38%

NOTES:

A. The data relating to expenditures for health services are tabulated and reported on a date-of-payment basis. Only fee-for-service payments made to practitioners in Alberta are included.

B. The specialty distribution of medical practitioners is based on their specialty as at the end of the fiscal year.

C. Average payment is the arithmetic mean payment.

D. The statistics in the above table cannot be used as an accurate measure of a full-time doctor's income as:
   (1) doctors receive income from other sources (e.g. Workers' Compensation Board, extra-billing, third party medicals, and for other services not covered by the Plan);
   (2) both full-time and part-time doctors are included in the statistics;
   (3) the figures quoted are gross payments from which doctors pay their office expenses.

TABLE 8

AVERAGE GROSS PAYMENTS BY SPECIALTY TO MEDICAL PRACTITIONERS RECEIVING $20,000 OR MORE
For the years ended March 31

	Number of Practitioners 1983	1984	Percentage Change	Average Payments 1983	1984	Percentage Change
All Practitioners	2,662	2,804	5.33%	$ 158,628	$ 168,537	6.25%
(Less Laboratories)	2,557	2,687	5.08%	133,952	141,470	5.61%
General Practitioners	1,508	1,586	5.17%	128,846	134,451	4.35%
Total Specialists	1,154	1,218	5.55%	197,545	212,922	7.78%
Laboratory Specialists	105	117	11.43%	759,545	790,145	4.03%
Other Specialists	1,049	1,101	4.96%	141,292	151,582	7.28%
SPECIALISTS BY SPECIALTY						
Anaesthetists	128	136	6.25%	109,687	115,633	5.42%
Dermatologists	19	19	—	247,310	309,724	25.24%
General Surgeons	139	144	3.60%	150,874	161,689	7.17%
Urologists	31	31	—	166,416	181,905	9.31%
Internists	214	231	8.88%	129,115	137,650	6.61%
Neurologists	20	22	10.00%	112,468	119,124	5.92%
Neurological Surgeons	12	11	-8.33%	127,928	179,415	40.25%
Obstetricians-Gynaecologists	111	114	2.70%	162,447	174,903	7.67%
Ophthalmologists	60	58	-3.33%	184,576	209,593	13.55%
Rhino-Otolaryngologists	28	29	3.57%	196,670	211,236	7.41%
Orthopaedic Surgeons	59	65	10.17%	165,315	163,845	-0.89%
Paediatricians	94	96	2.13%	117,073	129,659	10.75%
Psychiatrists	91	99	8.79%	108,499	108,003	-0.46%
Plastic Surgeons	24	25	4.17%	168,023	186,136	10.78%
Physical Medicine & Rehabilitation	8	8	—	61,477	66,793	8.65%
Thoracic Surgeons	11	11	—	196,534	226,684	15.34%
Laboratory Pathologists	21	23	9.52%	2,706,844	2,923,340	8.00%
Laboratory Radiologists	77	87	12.99%	291,705	284,303	-2.54%
Laboratory Others	7	7	—	63,883	67,970	6.40%

NOTES:

A. The data relating to expenditures for health services are tabulated and reported on a date-of-payment basis. Only fee-for-service payments made to practitioners in Alberta are included.

B. The specialty distribution of medical practitioners is based on their specialty as at the end of the fiscal year.

C. Average payment is the arithmetic mean payment.

D. The statistics in the above table cannot be used as an accurate measure of a full-time doctor's income as:

(1) doctors receive income from other sources (e.g. Workers' Compensation Board, extra-billing, third party medicals, and for other services not covered by the Plan);

(2) both full-time and part-time doctors are included in the statistics;

(3) the figures quoted are gross payments from which doctors pay their office expenses.

GLOSSARY

ADMISSION:

Is the official acceptance into a hospital of a patient (including an infant born alive in the hospital) who requires medical and hospital services including room and board. Reception involves the allocation of a hospital bed, bassinet or an incubator to the patient. A person is counted as an admission each time he/she is formally admitted to the hospital or to a provincially recognized unit within the hospital.

ADULTS AND CHILDREN:

All in-patients, except newborn.

AMBULATORY CARE:

A facility specifically designed, staffed and equipped to provide diagnostic and therapeutic services to out-patients.

APPROVED BASSINET COMPLEMENT:

(For public and federal general hospitals) The number of bassinets approved for the hospital by the department of Hospitals and Medical Care and the Federal Government, respectively.

APPROVED BED COMPLEMENT:

(For public and federal general hospitals) The number of beds approved for the hospital by the department of Hospitals and Medical Care and the Federal Government, respectively.

AUXILIARY HOSPITAL:

A hospital designed and operated for persons who require elements of hospital care at a less intensive level than is provided in general hospitals. The patients are usually chronically ill or disabled. For some, treatment consists of rehabilitation to a point that return to the community or transfer to a nursing home or other residential facility is possible. For others, treatment is the provision of necessary skilled nursing and medical care for an extended period of time, even though there is little prospect of rehabilitation.

AVERAGE DAILY NUMBER OF PATIENTS:

The average number of in-patients during any given period of time. It is calculated by dividing the number of patient-days during the period, by the number of days in the period.

AVERAGE LENGTH OF STAY:

The average number of days stay of in-patients who were separated from the facility during the reporting year. It is calculated by dividing the total days stay by the number of separations during the reporting year.

AVERAGE PERCENTAGE OCCUPANCY:

The ratio of actual days of care to the maximum days of care for the reporting year, expressed as a percentage. It is computed by dividing the total patient-days during the reporting year by the total bed days in the same year (approved complement at March 31 of the reporting year times the number of days in the year) and multiplying by 100.

CLAIM RECORDS:

Are claims submitted to the Alberta Health Care Insurance Plan, either by practitioners or registrants for the reimbursement of insured services.

DATE-OF-PAYMENT:

Basis on which statistics of payments to practitioners are compiled according to the date when payments are made.

FEDERAL HOSPITAL:

A hospital owned and/or operated by a department or agency of the Government of Canada and operated on a non-profit basis. Operation will generally be by one of the following agencies: Veterans' Affairs, Health and Welfare Canada, National Defence or Atomic Energy of Canada.

FEE-FOR-SERVICE PAYMENT:

Is reimbursement to health care practitioners by the Alberta Health Care Insurance Plan for insured services on behalf of Alberta insured residents on a service basis.

FULL-TIME EQUIVALENT EMPLOYEE:

One full-time equivalent employee is equal to total accumulated paid hours divided by normal hours of one full-time employee (2,022.75 hours).

GENERAL HOSPITAL:

A hospital which provides primarily for the diagnosis and short-term treatment of patients for a wide range of diseases or injuries.

MENTAL HEALTH HOSPITAL:

Is a hospital designated, under the Mental Health Act, to provide acute and long-term psychiatric care to both voluntary and involuntary adult patients.

NEWBORN:

An infant born alive in the hospital, or admitted when the mother was admitted for maternity service, is defined as a newborn for the period of his/her continuous stay in the hospital. Transfer within the hospital from the newborn nursery is not considered a separation.

NURSING HOME:

Provides supervised, personal care for persons who are not ill enough to require hospitalization in a general or auxiliary hospital, but require assistance in coping with activities of daily living.

PATIENT-DAYS DURING THE YEAR:

The total volume of in-patient care, expressed in patient-days, of the facility during the reporting year.

PATIENTS STILL-IN AT BEGINNING OF THE YEAR:

Is the count of all patients who were assigned a bed as at 12:01 a.m. on the first day of the reporting year. Includes any patient who was temporarily absent from the facility on this date, but who had not been formally discharged.

PATIENTS STILL-IN AT END OF THE YEAR:

Is the count of all patients who were assigned a bed as at 12:00 p.m. on the last day of the reporting year. Includes any patient who was temporarily absent from the facility on this date, but who had not been formally discharged.

PUBLIC HOSPITAL:

A hospital recognized by the province as a "public hospital". Such a hospital generally is not operated for profit.

REGISTRANT:

A registrant is a person who has registered himself/herself and his/her dependants with the Alberta Health Care Insurance Plan in order to be eligible for benefits under both the Alberta Health Care Insurance Plan and the Alberta hospitalization benefits plan.

SEPARATION:

Is the discharge or death of an in-patient.

TOTAL DAYS STAY:

The accumulated patient-days since admission, of patients separated during the reporting year, even if admitted in a previous year.

TOTAL PAID HOURS:

Are reported separately for each department including those for all full-time, part-time and casual employees excluding medical staff of the hospital who, during the year, have had salaries or wages payable to them by the hospital. Hours covering paid holiday time and other paid leave are included for all categories of personnel.

MINISTERIAL ADVISORY COMMITTEES

INVENTORY OF MINISTERIAL ADVISORY COMMITTEES

Alberta Health Facilities Review Committee

The committee, under the Alberta Health Facilities Review Committee Act, has the power to visit approved hospitals, mental hospitals or institutions, and contract nursing homes or units under the Senior Citizens Housing Act, for purposes of enquiring into the care, treatment, rehabilitation and general attitudes of patients and employees of these institutions. The visits may be made routinely, or on a complaint, or upon the Minister's request.

Members:

Mr. Dennis Anderson, M.L.A. CHAIRMAN, Calgary
Mrs. Colleen Wood, VICE-CHAIRMAN, Edmonton
Mr. Henry Woo, M.L.A., Sherwood Park
Mrs. B. Biddell, Medicine Hat
Mrs. B. McManus, Calgary
Mr. H. Rutkoski, Edmonton
Mrs. L. Clare, Grimshaw
Mr. R. Worden, Midnapore
Mr. E. Andersen, Marwayne
Mr. B. Elliott, Grande Prairie
Mr. W. Edgar, Olds

Alberta Hereditary Diseases Identification Program Advisory Committee

This committee acts in an advisory capacity to the Minister of Hospitals and Medical Care and the Minister of Social Services and Community Health in connection with the Alberta Heriditary Diseases Identification Program.

It advises the Ministers on such matters as coordination of the program on a provincial basis, establishment of standards and monitoring the quality of services, liaison with other related agencies and programs, implementation of screening programs for inherited diseases, methods of providing services, levels of support for the program and on social and ethical matters pertaining to the program.

Members:

Dr. Don Dunlop, CHAIRMAN, representing the Deans of Medicine, University of Alberta, Edmonton and University of Calgary
Dr. Peter Bowen, Director of Northern Alberta Genetics Centre, Edmonton
Dr. Brian Lowry, Director, Southern Alberta Genetics Centre, Calgary
Mrs. Barbara Edgecombe-Green, representing Alberta Community Health Nurses Society
Dr. Jeannette MacQuarrie, representing the Society of Alberta Medical Officers of Health
Dr. A. R. Stewart, representing Alberta Medical Association
Dr. John G. Read, representing University of Alberta Hospitals
Mrs. Anne Bonham, representing Alberta Children's Provincial General Hospital, Calgary
Reverend Gordon Hanson, representing public-at-large, nominated by the Minister of Hospitals and Medical Care
Mrs. Linda Redman, representing public-at-large, nominated by the Minister of Hospitals and Medical Care

Non-Voting Members:

Dr. Tom Paton, Alberta Social Services and Community Health
Mr. Klaus Dierich, Alberta Hospitals and Medical Care

Alberta Human Tissue Procurement Task Force

The task force reports to the Minister of Hospitals and Medical Care in connection with the planning of more effective means for the procurement and utilization of human organs and tissue for therapeutic purposes, medical education and scientific research in the Province of Alberta.

Members:

Mr. Andrew Little, CHAIRMAN, Calgary
Dr. John Klassen, Foothills Provincial General Hospital
Dr. John Dossetor, University of Alberta Hospitals
Dr. William Lakey, University of Alberta
Dr. D. T. R. Hassard, University of Alberta
Dr. J. C. Butt, Chief Medical Examiner for the Province of Alberta
Dr. Peter Craigie, University of Calgary
Mr. John Dahl, Whitecourt
Miss Joan Nightingale, Alberta Hospitals and Medical Care

The Alberta Medical Association - Alberta Health Care Insurance Plan Liaison Committee

The liaison committee shall consider any matters referred to it by either the Alberta Medical Association or the Alberta Health Care Insurance Plan and make recommendations in respect of such matters to the Minister or the Association or both.

Members:

Dr. L. C. Grisdale, CO-CHAIRMAN, Deputy Minister, Alberta Hospitals and Medical Care
Dr. N. M. Gray, CO-CHAIRMAN, President, Alberta Medical Association
Dr. J.N. Hnatiuk, President Elect, Alberta Medical Association
Mr. R. W. Chapman, a member of the general public
Mr. C. Bardell, a member of the general public
Dr. W. E. Mydland, Past President, Alberta Medical Association
Dr. A. V. Follett, Senior Medical Consultant, Alberta Hospitals and Medical Care
Mr. M. J. Ozerkevich, Assistant Deputy Minister, Health Care Insurance Division

Calgary Area Hospital Planning Council

This council is an advisory body to the Minister. It reviews proposals for construction, new programs, and changes in present programs submitted to the Government by hospitals, facilities and agencies in the Calgary area and makes recommendations to the Minister.

Members:

Mrs. D. Mirosh, CHAIRMAN, representing Calgary Auxiliary and Nursing Home District #7
Mr. Art Froese, VICE-CHAIRMAN, Director of Planning, City of Calgary
Mr. G. W. Braum, representing Bethany Auxiliary Hospital
Mr. George Cornish, Chief Commissioner, City of Calgary
Mr. J. T. McCarthy, representing Foothills Provincial General Hospital
Mr. W. Copithorne, representing Metro-Calgary and Rural General Hospital District No. 93
Mrs. B. J. Sparrow, representing Calgary General Hospital
Dr. D. R. Anderson, representing Calgary Medical Society
Mr. E. Crowther, representing Salvation Army Grace Hospital
Mr. R. W. Bowser, representing Alberta Children's Provincial Hospital
Mrs. Drina Barton, representing Public-at-large
Mr. Joseph Richardson, representing Public-at-large
Mr. G. M. McDougall, representing University of Calgary, Health Sciences Centre
Mr. Ralph Klein, Mayor, City of Calgary

Edmonton Area Hospital Planning Council

This council is an advisory body to the Minister. It reviews proposals for construction, new programs, and changes in present programs submitted to Government by hospitals, facilities and agencies in the Edmonton area to make recommendations to the Minister.

Members:

Mr. G. S. Hughes, CHAIRMAN, representing Public-at-large
Dr. D. F. Cameron, University of Alberta, Health Sciences Centre
Mr. I. Finlay representing University of Alberta Hospitals

Mr. J. E. MacDonald, representing Edmonton General Hospital
Mr. K. Newman, representing Royal Alexandra Hospital
Mr. C. Barth, representing Misericordia Hospital
Mr. W. Braul, representing Glenrose Provincial General Hospital
Mr. E. B. W. Adamson, representing Provincial Hospitals Cancer Board
Mr. R. Throndson, representing Sturgeon General Hospital
Mr. R. Hayter, representing Metro Edmonton Hospital District 106
Mr. W. Lobay, (until September, 1983) representing Auxiliary Hospital and Nursing Home District 24
Mr. L. MacDannold, (after September 1983) representing Auxiliary Hospital and Nursing Home District 24
Mrs. Marion Johnston, representing non-District Auxiliary Hospitals and Nursing Homes
Dr. L. Mix, representing Edmonton Academy of Business
Mrs. V. J. Sunohara, representing Public-at-large
Mrs. C. Boodram, representing Public-at-large
Mr. S. Dietz, Board of Commissioners, City of Edmonton

Emergency Financial Assistance Committee

This committee considers requests from insured Alberta residents for financial assistance in cases where a resident if referred out of province for specialized hospital and medical care not available in Alberta or where a resident if faced with high expenses arising from emergency treatment while outside the Province. Requests for assistance are considered on the basis of medical necessity and financial hardship for the resident.

Members:

Dr. A. V. Follett, CHAIRMAN, Alberta Hospitals and Medical Care
Dr. W. R. Black, Alberta Medical Association
Mr. R. Morrisette, Alberta Social Services and Community Health
Mr. W. Tudge, Alberta Hospitals and Medical Care

Hospitals Privileges Appeal Board

This board was established to hear appeals from members or former members of the medical staff of approved hospitals who consider themselves aggrieved by a decision of a board of an approved hospital. The appeal board has the power to confirm the decision of the board, direct the re-appointment of a former member, direct the reinstatement of a former member, remove or vary the suspension of a former member.

Members:

Mr. Frank D. Jones, CHAIRMAN, Dean of Law, University of Alberta, representing the Law Society of Alberta
Mr. George Whithead, Member of the Public-at-large
Dr. Lorne B. Collins, Physician
Dr. William O. Rothwell, Physician
Mrs. Audrey Thompson, representing Alberta Association of Registered Nurses
Mrs. Virginia Clarke, Member of the Public-at-large
Mr. Theodore A. Bodnar, Member of the Board of an approved hospital

Hospitals and Medical Care Policy Advisory Committee

As an advisory body to the Minister, this committee is concerned with any of the policies, programs, services or other matters under the administration of the Minister. The objective of the committee is to provide to the Minister a broadly based advisory structure of citizens and health professionals.

Members:

Mrs. Myrna Fyfe, MLA, CHAIRMAN, St. Albert
Mrs. Carol Snedden, Medicine Hat, representing public-at-large
Dr. Frank Christie, representing College of Physicians and Surgeons
Dr. Paul O. Crossfield, Calgary
Mr. Gordon Hilker, Killam
Mr. Lawrence M. Kelly, Edmonton
Dr. Janet Kerr, representing Alberta Association of Registered Nurses

Dr. Bernard Snell, Edmonton, representing Alberta Hospital Association
Dr. C. J. Varvis, Edmonton
Mrs. Doris McFarlane, Beaverlodge
Mr. Harvey Atkinson, Morinville

Northern Alberta Spinal Cord Injury Program Advisory Committee

This committee acts in an advisory capacity to the Minister of Hospitals and Medical Care and the Minister of Social Services and Community Health with reference to key issues related to the establishment and coordination of a spinal cord injury program for the Northern Alberta Region.

Members:

Mr. Eric Boyd, CHAIRMAN
Dr. John Read, University of Alberta Hospital
Dr. Brian Greenhill, Royal Alexandra Hospital
Dr. Grant McPhail, Glenrose Provincial General Hospital
Dr. Tom Hardin, Workers' Compensation Board
Dr. Peter Allen, Neurosurgeon
Dr. Rubin Feldman, Physical Medicine and Rehabilitation
Dr. David C. Reid, Orthopaedic Surgeon
Mrs. Joyce Baird, Alberta Association of Registered Nurses

Non-voting members:

Ms. Elaine MacLeod, Alberta Hospitals and Medical Care
Ms. Sharon Tell, Alberta Social Services and Community Health

Northern and Central Alberta Perinatal Program Advisory Committee

This committee coordinates the development of the Northern and Central Alberta Perinatal Program on a rational basis as a regional service. It acts in an advisory capacity to Alberta Hospitals and Medical Care to assist in achieving the objectives of the program. These include optimal patient care and economical utilization of funds.

Members:

Dr. D. F. Cameron, CHAIRMAN, Dean, Faculty of Medicine, University of Alberta
Dr. L. C. Grisdale, Deputy Minister, Alberta Hospitals and Medical Care
Dr. J. G. Read, University of Alberta Hospitals Board
Dr. R. C. Bland, University of Alberta Hospitals Board
Alderman E. Leger, Royal Alexandra Hospital Board
Dr. G. Allin, Royal Alexandra Hospital Board
Dr. D. R. Fraser, University of Alberta
Dr. Doug M. Smith, Alberta Hospital Association
Dr. R. T. Richards, Royal Alexandra Hospital
Dr. D. Schiff, University of Alberta Hospitals
Dr. J. Boyd, University of Alberta Hospitals
Dr. N. Finer, Royal Alexandra Hospital
Dr. J. J. Lipinski, Edmonton General Hospital
Dr. C. Robertson, Glenrose Provincial General Hospital Board
Mr. J. C. Hartley, Glenrose Provincial General Hospital Board
Dr. I. C. Reid, M.L.A., Hinton
Miss Joan Nightingale, Alberta Hospitals and Medical Care

Nursing Home Liaison Committee

This Committee advises the department regarding policy papers and implementation strategies relating to proposed changes in the nursing home sector. It also provides a forum for Hospitals and Medical Care and nursing home representatives to discuss the goals of the nursing home sector and ways to improve resident care.

Membership/Chairman

Mr. D.J. Junk, CHAIRMAN, A.D.M., Policy Development Division. Hospitals and Medical Care
Mrs. V. Lai, Secretary Director, Research and Strategic Planning, Hospitals and Medical Care
Mrs. J. Schmidt, Director, Coordinated Home Care Program, Social Services & Community Health
Mrs. D. McIntyre, Executive Director, Edmonton and Rural District #24, A.H.A.

Mr. R. Richards, Executive Director, Stettler Health Complex, A.H.A.
Mr. J. Lymer, Administrator, Good Samaritan Auxiliary Hospital A.H.A.
Mr. K.G. Moore, A.D.M., Hospitals Services Division, Hospitals and Medical Care
Mr. G.R. Beck, A.D.M., Finance & Administration Division, Hospitals and Medical Care
Mr. C. Bond, Vice President, Alberta Long Term Care Association
Mr. G. Ulveland, Director, Alberta Long Term Care Association
Mr. C. Whitelaw, Executive Director, Alberta Long Term Care Association

Northern and Central Alberta Perinatal Program Advisory Committee

This committee coordinates the development of the Northern and Central Alberta Perinatal Program on a rational basis as a regional service. It acts in an advisory capacity to Alberta Hospitals and Medical Care to assist in achieving the objectives of the program. These include optimal patient care and economical utilization of funds.

Membership/Chairman:

Dr. L.C. Grisdale, Co-Chairman, Deputy Minister, Department of Hospitals and Medical Care
Dr. D.F. Cameron, Co-Chairman, Dean, Faculty of Medicine, University of Alberta
Dr. R.G. Chaytors, Representative, A.M.A. Perinatal Committee
Dr. T.D. Kolotyluk, Representative, Northern & Central Rural Referral Area, Two Hills
Mr. C.F. Barth, Chairman Edmonton Area Hospital Advisory Council
Mr. M.D. MacDonald, Chairman, Royal Alexandra Hospital Board
Mr. E.W. King, Chairman, University of Alberta Hospitals Board

Ex-Officio Members:

Dr. R.T. Richards, Royal Alexandra Hospital
Dr. D. Schiff, University of Alberta Hospital
Dr. H.N. Finer, Royal Alexandra Hospital
Mr. J.J. Lipinski, Chairman, Medical Advisory Committee

Nursing Home Review Committee

The Nursing Home Review Committee hears applications for nursing home contracts from private individuals, corporations, religious organizations and district boards in order to establish that the applications are in accordance with the Nursing Homes Act. The committee reports and makes recommendations to the Minister with respect to the application.

Members:

Mr. G. S. Wilder, CHAIRMAN, Director, Legislative Research and Planning, Alberta Hospitals and Medical Care
Mr. D. J. Beckley, Director, Program Planning, Alberta Hospitals and Medical Care
Mr. M. H. Lamb, Director, Institutional Operations, Alberta Hospitals and Medical Care
Dr. D. Orn, Co-ordinator, Gerontological Services, Program Planning, Alberta Hospitals and Medical Care
Mr. J. Simon, Director, Accounting and Administrative Services, Alberta Hospitals and Medical Care

Renal Program Advisory Committee

The Renal Program Advisory Committee advises Alberta Hospitals and Medical Care on matters relating to renal dialysis and reviews and facilitates the operation of the Regional Dialysis Program.

Members:

Dr. L. C. Grisdale, CHAIRMAN, Deputy Minister, Alberta Hospitals and Medical Care
Dr. D. L. C. Judge, Alberta Medical Association
Dr. R. B. Hans, Calgary Renal Dialysis Regional Centre
Dr. R. Ulan, Edmonton Renal Dialysis Regional Centre
Dr. J. G. Read, University of Alberta Hospitals
Dr. Lorne Klippert, Foothills Provincial General Hospital
Mr. D. Gottesman, Calgary
Mr. E. Reid, Edmonton

Dr. J. B. Dossetor, Department of Medical Nephrology, University of Alberta Hospitals

Dr. H. Mandin, Division of Renal Medicine, Foothills Provincial General Hospital

Dr. Jack Williams, Calgary Renal Dialysis Regional Centre

Dr. W. H. Lakey, Edmonton Renal Dialysis Regional Centre

Miss J. Nightingale, Alberta Hospitals and Medical Care

Non-Voting Member:

Mrs. Anita Yanitsky, Kidney Foundation (Alberta) Edmonton Chapter